# CITY OF BALTIMORE

# HEALTH DEPT.

# BUREAU OF

# VITAL STATISTICS

# DEATHS

# BEGINNING 1910

WP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

# REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

**Record Identification**

| 1. TITLE: | 2. Form No. if available | 3. Type—(cards, paper, etc.) |
|---|---|---|
| Certificate of Death | | Bound Book |

| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record | 7. Number of copies made |
|---|---|---|---|
| | | Misc. | One (1) |

8. Authorization Requested (check only one (1) of the squares below)

| A. Establish retention period for records which are accumulating daily. | B. Dispose of present accumulation, no additional accumulation anticipated. | C. Microfilm and destroy originals. | D. Microfilm and retain originals for length of time indicated below. |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☒ |

| 9. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 10. Equipment and space freed. | 11. In your opinion does this record have any historical significance? |
|---|---|---|---|---|
| 12 yrs. | Micro. Perm. | 12 yrs. and Micro. Perm. | | YES ☐ NO ☒ |

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

**Recommendation of Records Management Officer**

| 13. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 14. Disposal Method A | B. | C. |
|---|---|---|---|---|---|
| 12 yrs. | Microfilm Permanent | 12 yrs. and Microfilm Permanent | [ ] To be sold as scrap or waste paper | ☒ To be Burned or shredded | ☐ Historical, (to be transferred to Dept. of Legislative Reference.) |

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR
2. APPROVED: CITY SOLICITOR
3. APPROVED: CITY COMPTROLLER
4. APPROVED: CITY TREASURER
5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS
6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM
7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34001

## CERTIFICATE OF DEATH.

109 E 34001

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arlee Janet Levin

(a) RESIDENCE No. 1615 E. Balto ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 21-1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 1 | 6 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Samuel L. Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Gusky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Samuel L. Levin

(Address) 1615 E. Balto St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1928, to May 16, 1928, that I last saw h[illegible] alive on May 16, 1928 and that death occurred, on the date stated above, at 8 30 P m

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia
Acute Tracheitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Autumn

Did an operation precede death? Yes Date of 5/11/28

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) Dulany Cheney, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Work. Road | 5-17-1928 |

20 UNDERTAKER Jack Lewis, ADDRESS 1439 E. Balto St.

N. B.—WRITE PLAINLY. ANSWER UNFAILINGLY. MARK—THIS IS A TERMA[illegible] mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34002

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34002

## CERTIFICATE OF ~~DEATH~~

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE (No. 6-9 ST) (WARD)

2-FULL NAME Morton Brodsky

(a) RESIDENCE NO. 2048 E. Fairmount Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. | How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept. 1926.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 1 | 8 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 600

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Zolto., Ind.

PARENTS

10 NAME OF FATHER: Louis Brodsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Britta Rothstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis Brodsky

(Address) 2045 E. Fairmount Ave.

15 Filed MAY 17 1926 19 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/16 1928.

17

I HEREBY CERTIFY, That I attended deceased from 5/9, 1928, to 5/16, 1928,

that I last saw him alive on 5/16, 1928

and that death occurred, on the date stated above, at 1:30 p m

The CAUSE OF DEATH* was as follows:

Pneumonia and Emphysema

Following Measles

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination + throat culture

(Signed) Meyer Miller, M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt. Carmel — DATE OF BURIAL: 5-17-1928

20 UNDERTAKER: Jack Levin — ADDRESS: 1431 E Balto St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34003

## CERTIFICATE OF DEATH.

E 34003

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (C.B.) ST. 25 WARD 7

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse Waters

(a) RESIDENCE NO. 106 S. 7th st., Brooklyn, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ~~Unknown~~ yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Eva M. Waters

6 DATE OF BIRTH (month, day, and year) April 1 - 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 55 | 1 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER C.G.Waters

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Lessie

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address)

15 Died MAY 17 1928, 19 C. HAMILTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1928 to May 16, 1928,

that I last saw him alive on May 16, 1928,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Intestinalis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Gen.

(Signed) Henry C Smith M. D.

5-16-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 5/17 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34004

## CERTIFICATE OF DEATH.

74-002

E 34004

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Bethlehem Ship Building Co. Key Highway & Cross St. St. 24 Ward 33)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L. Bennett.

(a) RESIDENCE NO. 445 E. Gitting St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Married |

5a If married, HUSBAND of XXXXXXXXXXXX XXXXXXXX Margaret Bennett.

6 DATE OF BIRTH (month, day, and year) March 15, 1875

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 58 | 2 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Bennett.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eliza J. Cloud.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Elmer G. Bennett. (brother)

(Address) 3201 Batavia Ave.

15 Filed MAY 17 1928, 19 EDWIN JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Eisenhardt M. D. (Coroner)

5/15 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gorsuch Park Date of Burial May 18 1928

20 UNDERTAKER John J. Fields 1200 W. Fayette ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34005

## CERTIFICATE OF DEATH.

11-001 E 34005

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 S Bradford ST., 1-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maryanna Bielik

(a) RESIDENCE NO. 601 S Bradford ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26 1883

7 AGE — Years: 44 — Months: 11 — Days: 21 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Frank Sobol

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Catherine Stanczak

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Walter Bialik

(Address) 601 S Bradford St.

15 Filed ..... Registrar

MAY 17 1928 HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from may 12, 1928, to may 16, 1928, that I last saw h[illegible] alive on may 16, 1928 and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) ..... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary May 19 1928

DATE OF BURIAL

20 UNDERTAKER: John M. Weber

ADDRESS 401 S Chester

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 34006 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34006

160

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1731 N. Carey St. 15-21 Ward)

2-FULL NAME Bernard Jones

(a) RESIDENCE NO. 1731 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write word): Child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child.

6 DATE OF BIRTH (month, day, and year): Dec 16-1927

7 AGE: Years 5 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Thomas Jones

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country): "

12 MAIDEN NAME OF MOTHER: Annie Howard

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country):

14 Informant: Annie Jones

(Address): 1731 N. Carey

15 Filed May 17 1926 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. H. Luck M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 5/17/1928

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34007

E 34007

100-001

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3725 Mt Pleasant Ave Ward)

2-FULL NAME Vera Juanita North

(a) RESIDENCE NO. 3725 Mt Pleasant Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23rd 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 10 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Raymond T. North

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bivalve Md.

12 MAIDEN NAME OF MOTHER Estella Paige

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Reading Pa.

14 Informant Raymond T. North.

(Address) 3725 Mt. Pleasant ave

15 Filed ..... 19 ..... Registrar

MAY 17 1928 C. HAMPSON JONES M.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

May 16 1928 Signed G. Hayden Jones, M. D.

(Coroner)

(Address) 1431 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. Date of Burial May 17 1928

20 UNDERTAKER Lilly & Zeller Inc. ADDRESS 403 S. Wolfe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.-1-10-21—M&T—1500 Bks.

E 34008 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34008

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Hosp. St., (Ward) 20

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Theresa Paulus

(a) RESIDENCE NO. 3322 Foster St. 26 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 1900

| 7 AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | 4 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employed at Tin Box Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Paulus.

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Margt. Bodner

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Margaret Paulus (Mother)
(Address) 3322 Foster ave

15 Filed MAY 17 1928 19 ..... Registrar .....

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 19 28

17

I HEREBY CERTIFY, That I attended deceased from 5. 12 , 19 28 , to 5. 15 , 19 28

that I last saw her alive on 5. 15 , 19 28

and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5. 13. 28

Was there an autopsy? No

What test confirmed diagnosis? Autopsy, physical, Spinal puncture

(Signed) J. Frank Hewitt M. D.

May 15, 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL May 19th 1928

20 UNDERTAKER Lilly & Sulzer Inc.

ADDRESS 1008 N. Wolfe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-12-23—M&T—500 Blks.

E 34009 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 118-001 E 34009

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital (St.) (Ward) 12

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Otella Stubblefield

(a) RESIDENCE NO. 2212 Eager Place ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Stubblefield

6 DATE OF BIRTH (month, day, and year): Mar. 6 1879

7 AGE: Years 49 Months 2 Days 10 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Mrs Tillie Koehler (Address) 2212 Eager Place

15 Filed MAY 17 1928 .19 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5.16 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-5- .1928, to 5-16 .19 28

That I last saw her alive on 5-16 .19 28

And that death occurred, on the date stated above, at 3 P. m

The CAUSE OF DEATH* was as follows: Strangulated Hernia.

Post operative Hernia.

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary): General peritonitis

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/14/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & operative

(Signed) Augustine P. Dinneen M.D.

.19 (Address) City Res Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashhill Cemetery DATE OF BURIAL: May 19 1928

20 UNDERTAKER: August Pasek ADDRESS: 2406 Ashland ave

Spec.—1-10-21—M&T—1500 Bks.

Gunther

# E 34010 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001 E 34010

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5919 High Gate Drive ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Frank Gunther

(a) RESIDENCE NO. 5919 High Gate Drive ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor A. Gunther

6 DATE OF BIRTH (month, day, and year) July 16, 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 10 | - | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Anderson & Ireland

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph W. Gunther

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Barbara Fetsch

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant G. Gunther Mercer (Address) 3201 Westerwald Avenue

15 Filed MAY 21 1928, 19 Per Registrar C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15th, 1928, to May 16th, 1928, that I last saw him alive on May 15th, 1928, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis and Pulmonary Edema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Virginia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) L. B. Emerson M. D.

5/16, 1928 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Irving, Va.

DATE OF BURIAL May 18, 1928

20 UNDERTAKER Harold B. Cook

ADDRESS 1003 West Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WARNING—RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Blks.

E 34011 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34011

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 YoungsTown Ave ST. 26 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Therese Binkowski

(a) RESIDENCE NO. 320 YoungsTown Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Infant |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - - -

6 DATE OF BIRTH (month, day, and year) Jan-17/1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Mateusz Binkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Reliksa Gołembies

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mateusz Binkowski
(Address) 320 YoungsTown Ave

15 Filed ..... 19 ..... Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/16, 1928, to 5/16, 1928, that I last saw h[illegible] alive on [illegible], 1928, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Gastroenteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. J. Fruden M. D.

5/17, 1928 (Address) 918 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery — DATE OF BURIAL: May 19 1928

20 UNDERTAKER: George A. Weber — ADDRESS: 220 Bank St.

MAR 17 1928 HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34012 + 10-28 E 34012

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Burke

(a) RESIDENCE NO. 105 - 5th Ave., Brooklyn St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. 2 How long in U. S., if of foreign birth? yrs mos ds

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1920

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | 10 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Robt. E. Burke

11 BIRTHPLACE OF FATHER (city or town) Balt. (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Barker

13 BIRTHPLACE OF MOTHER (city or town) Balt. (State or country) Md.

14 Informant Mrs. Robt. E. Burke (Address) 105-5th Ave., Brooklyn Park

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 17, 1928, that I last saw her alive on May 17, 1928, and that death occurred, on the date stated above, at 1:20 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria - Nasal, Tonsillar & Pharyngeal

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Toxic Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Dr. J. L. Levin, M. D.

5-17, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

20 UNDERTAKER J. F. Lahey & Sons

DATE OF BURIAL 5/17 1928

ADDRESS 131 E. High St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 17 1928 C. HARRISON WILKES REGISTRAR

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**E 34013**

## CERTIFICATE OF DEATH

**E 34013**

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 11 Osten Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma L Newell

(a) RESIDENCE NO. 11 Osten ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William J Newell

6 DATE OF BIRTH (month, day, and year): March 3. 1905

7 AGE: Years 23 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Tuke Md

PARENTS

10 NAME OF FATHER: Frederick Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tuke Md

12 MAIDEN NAME OF MOTHER: Rose Eggert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Md

14 Informant: Wm J Newell

(Address) 11 Osten Ave.

15 Filed 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16. 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 21. 1928. to May 16. 1928.

that I last saw h[illegible] alive on May 16. 1928

and that death occurred, on the date stated above, at 9. P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

prob.

(duration) 2 yrs. — mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? dont Know

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms etc.

(Signed) Martin F. Sloan, M. D.

5. 17. 1928 (Address) 812 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: 5/19 1928

20 UNDERTAKER: [illegible] Co

ADDRESS: 502 E [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34014

REGISTERED NO. 90 E 34014

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma McCaffrey

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank McCaffrey

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: About 60 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Valentine Hummel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Lizzie Woertzer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant: Little Sisters of the Poor

(Address) Preston & Valley Sts

15 Filed ....., 19..... C. HARRISON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 May 15

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to May 15, 1928, that I last saw h... alive on May 14, 1928, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Unknown (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Bernstein, M. D.

5/16, 1928 (Address) 914 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: May 18 1928

20 UNDERTAKER: Frederick Lasselmann Sons — ADDRESS: Gilbert

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

5 17 1928

Spec.—1-12-23—M&T—500 Bks.

E 34015

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34015

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Each item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3917 Roland Ave ST., 13 WARD)

REGISTERED NO. 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Jones

(a) RESIDENCE NO. 3917 Roland Ave ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grafton Jones

6 DATE OF BIRTH (month, day, and year): March 22-1852

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 1 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John E. McCain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lelia A. Tull

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. John E. Bromall

(Address) 3917 Roland Ave

15 Filed MAY 17 1928 CHAMPION JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to May 16, 1928, that I last saw her alive on 19, and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Wood, M. D.

5/16 1928 (Address) 2020 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: May 19 1928

20 UNDERTAKER: Horace F. Burgee

ADDRESS: 631 Fallsd.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34016 E 34016

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (T.B.) (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Cossen

(a) RESIDENCE No. 610 N. Port st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Deitrich Cossen

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Rehnborn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed MAY 17 1928, 19 ... EMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1928 to May 15, 1928, that I last saw him alive on May 15, 1928, and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis and enteritis (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) [illegible], M. D.

5-16-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Matthews Cemetery | May 18 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Lutz | 1203 Broadway |

IMPORTANT: WHITE FUNERAL, WITH CONSIDERATION, THIS CERTIFICATE AND RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34017

## CERTIFICATE OF DEATH.

129 E 34017

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No.) St Josephs Hospital ST. 13 WARD)

**2-FULL NAME** Frank Newland

(a) RESIDENCE NO. 1207 N. Bond ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clara E Newland

6 DATE OF BIRTH (month, day, and year) Nov 22 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 59 | 5 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Wallace Newland

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Caroline Welch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Clara E Newland
(Address) 1207 N Bond st

15 Filed MAY 7 1928, 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/5/28

17 I HEREBY CERTIFY, That I attended deceased from 4/29/28, 19..., to 5/5/28, 19..., that I last saw him alive on 5/5/28, 19..., and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H Laurence Fahey M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL May 9 1928

20 UNDERTAKER Henry Lutz — ADDRESS 203 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34018

## CERTIFICATE OF DEATH.

E 34018

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Church Home & Infirmary St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Edward Dye

(a) RESIDENCE NO. Rockingham, N.C. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Isabel (Corn wll) Dye

6 DATE OF BIRTH (month, day, and year) August - 1881

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 46 | 9 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Edgemoor, S.C.

PARENTS

10 NAME OF FATHER J. W. Dye

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Edgemoor, S.C.

12 MAIDEN NAME OF MOTHER Annie Edward

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lancaster Co. S.C

14 Informant Everette Dye (Bro)

(Address) Portsmouth, Va.

15 Filed MAY 17 1928 19 C. HAMPSON JONES, M. D.

Per Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Dye inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Cirrhosis Liver (Autopsy at Church Home)

Acute Alcoholism (dur 3 wks)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Myocardial Failure)

(duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

(Coroner)

5/17/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockingham N.C. Date of Burial May 18 1928

20 UNDERTAKER E J Barton ADDRESS Gleburnie Md

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 34019

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34019

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1314 Hanover St. Ward 23-21)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond T. Williams

(a) RESIDENCE NO. 1314 Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male White

4 Color or Race

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 15, 1850

7 AGE — Years: 77 Months: 11 Days: 0 If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Bartlett Hayward Co 6-21

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lelton Md.

PARENTS

10 NAME OF FATHER: Francis A. Williams

11 BIRTHPLACE OF FATHER (City or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Mary E. Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mary Williams 1314 Hanover St

15 Filed ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1928, to May 15, 1928, that I last saw him alive on May 14, 1928, and that death occurred, on the date stated above, at 1 o'clock p. m.

The CAUSE OF DEATH* was as follows:

Vincents Angina and acute diffuse nephritis

(duration) ..... yrs. ..... mos. 16 da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Harry Kleidel, M. D.

19 (Address) 1224 1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: May 18 1928

20 UNDERTAKER: Murdock & Flynn — ADDRESS 1402 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

17 1928

Spec—12-23-21—E.B.R.S.—400 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

B 34020

## CERTIFICATE OF DEATH.

E 34020

1-PLACE OF DEATH

City of BALTIMORE: (No. 703 Winston Av St. 27-4-6 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Byrne

(a) Residence No. 703 Winston Av St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) July 14 1854

7-AGE. 73 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS

10-NAME OF FATHER, Jno. Byrne

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Byrne

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14- (Informant) Mrs. Smith

(Address) 703 Winston ave

15- Filed ... 19.. Registrar.

MAY 17 1928

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 14. 1928

17- I HEREBY CERTIFY, That I attended deceased from October 3 1927 to May 14 1928

That I last saw h[illegible] alive on May 14 1928

and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Metastasis of liver and lungs

(Duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) D. L. Bishop M. D.

May 17, 1928 (Address) 581 Sheldon Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| Cathedral Cem. | May 18 1928 |
| 20-UNDERTAKER, Margaret L. Flynn | ADDRESS 1422 E. Lombard St. |

N. B.—WRITE PLAINLY, with unfading ink. Every line should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34021

## CERTIFICATE OF DEATH

90 E 34021

1—PLACE OF DEATH

REGISTERED NO. —

CITY OF BALTIMORE: (No. 2440 Eager Place ST., 7-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Friederika A. Senger

(a) RESIDENCE NO. 2440 Eager Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single, Married~~, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of the late George J Senger

6 DATE OF BIRTH (month, day, and year) June 15-1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | 11 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Louis Amrazgt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna Rieges

(Address) 2440 Eager Place

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-15-28

17

I HEREBY CERTIFY, That I attended deceased from 5-10-28 to 5-15-28

that I last saw h alive on 5-15-28

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Bronchopneumonia

Hemiplegia (acute)

(duration) yr. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. W. Kerr M. D.

5/17, 19 28 (Address) 500 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem | May 18 1928 |
| 20 UNDERTAKER | ADDRESS |
| Chas E. Mullet & Son | 2334 Jefferson |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

Murdock

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34022

## CERTIFICATE OF DEATH.

109 002

E 34022

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 28 York Court St. 17th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Isabell Todd Murdock

(a) Residence No. 28 York Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Murdock

6-DATE OF BIRTH (month, day and year) June 8 1844

7-AGE. 83 yrs. 11 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Todd

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Isabella [illegible]

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country)

11- (Informant) Mrs Estelle Kendall

(Address) 28 York Court (Grennat Ave)

15- Filed MAY 1928 C. HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 16 28

17- I HEREBY CERTIFY, That I attended deceased from April 2 1928 to May 16 1928

that I last saw h alive on May 15 1928,

and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

I. Pneumonia Acute

Oral & Spin

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Attendant

(Signed) [illegible] M. D.

(Address) 3 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, May 18 1928

20-UNDERTAKER, Hughes & Jones Inc

ADDRESS 412 N. Broadway

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

34023

# HEALTH DEPARTMENT—CITY OF BALTIMORE

101-E 34023

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 813 Fraser ST. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Fields

(a) RESIDENCE NO. 813 Fraser ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Fields

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 60; Months; Days; If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant: Florence Fields (Address) 813 Fraser St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15 1928

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1928. to May 15, 1928.

that I last saw him alive on May 15, 1928

and that death occurred, on the date stated above, at 9.40 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 1 yrs. 7 mos 7 ds.

CONTRIBUTORY (Secondary) Debility

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J B Hughes M. D.

May 16, 1928 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dudell — DATE OF BURIAL: 5/18/28

20 UNDERTAKER: Edmund Hawkins — ADDRESS: [illegible]

MAY 18 1928 G. HAMPTON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34024

## CERTIFICATE OF DEATH.

129 E 34024

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 521 Bloom (St.) 14-20 (WARD)

2-FULL NAME Cornelius Ridgeway

(a) RESIDENCE No. 521 Bloom ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: L. Marcelina Ridgeway

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 53 | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Cornelius Ridgeway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: L. Marcelina Ridgeway

(Address) 521 Bloom St

15 Filed ..... 19 ..... Registrar .....

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1928, to May 16, 1928.

That I last saw him alive on May 16, 1928

and that death occurred, on the date stated above, at 6 30 A m

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S B Hughes M. D.

19 (Address) 1413 E Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cem

DATE OF BURIAL: May 19 1928

UNDERTAKER: Samuel Hunter

ADDRESS: Balto

MAY 18 1928

C. HAMILTON JONES, M. D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

## CERTIFICATE OF DEATH

E 34025 — REGISTERED NO. E 34025

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 839 W. Fairmount Ave (Ward) 6-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nina Wright

(a) RESIDENCE NO. 839 W. Fairmount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry Wright

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE — Years: 33 — Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Gaithersburg

(State or country): Monty Co. Md

PARENTS

10 NAME OF FATHER: Harry Gantt

11 BIRTHPLACE OF FATHER, (City or town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER: Mary Riggs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown

14 Informant: Henry Wright

(Address): 839 W. Fairmount

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 17, 1928, that I last saw h[illegible] alive on May 16, 1928, and that death occurred, on the date stated above, at 12:50 p. m.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted: at home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms

(Signed) Jas. L. Hooper M. D.

19 (Address) 862 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M[illegible] Auburn Cem — Date of Burial: 5/19/1928

20 UNDERTAKER: Dennis Forbes — ADDRESS: Co 914

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34026

## CERTIFICATE OF DEATH.

139 E 34026

1 PLACE OF DEATH St Josephs Hospital — REGISTERED No.

CITY OF BALTIMORE: (No. Caroline & Eliza ST., 17 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Burgess

(a) RESIDENCE No. 1117 Brewer ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Negro.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Oakland Cal

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Kenneth W Headley
(Address): 166 W Dunkirk St

15 Filed MAY 18 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15 1928

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1928, to May 15, 1928, that I last saw her alive on May 15, 1928 and that death occurred, on the date stated above, at 2:55 p.m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroids

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary Embolism. (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? yes Date of 4/26/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) H Lamar Zahniser, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 5/19/28

20 UNDERTAKER: Dennis Easton — ADDRESS: Da ar

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34027

## CERTIFICATE OF DEATH.

E 34027

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 1716 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bailey

(a) RESIDENCE NO. 600 Bunne ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | ? |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Sam Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Dora ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/1928.

17

I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to May 16, 1928

that I last saw him alive on May 16, 1928

and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows:

myocarditis chronic & acute

Cerebrosclerosis

Hypertension.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Symb.

(Signed) C. Wilmer Lloyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 5/18/1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Gay

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34028

## CERTIFICATE OF DEATH

101-001

E 34028

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 h. Lakewood ave ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James L. Lindsay

(a) RESIDENCE NO. 104 h. Lakewood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emma Lindsay

6 DATE OF BIRTH (month, day, and year) June - 1877

7 AGE: Years 50 | Months 11 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer): Decorator

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt

PARENTS

10 NAME OF FATHER: James L. Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Agnes Beatty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt

14 Informant: Emma Lindsay

(Address) 104 h Lakewood ave

15 Filed MAY 18 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 9, 19 28, to May 14, 19 28

that I last saw him alive on May 14, 19 28

and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Pleurisy - Lobar Pneumonia

(right lower + middle lobes)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam

(Signed) Louis F. Krumrein M. D.

19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 5/18/1928

20 UNDERTAKER: J. A. Moran — ADDRESS 3000 E Balto.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 34029

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001

E 34029

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Johns Hopkins Hosp. St. ____ Ward

2-FULL NAME John C. Deckert Jr.

(a) RESIDENCE NO. 761 W. Cross St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Dec. 12 1927

7 AGE — Years: 0 — Months: 5 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: John C. Deckert

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Ethel B. Tuck

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Mr. John C. Deckert

(Address): 761 W. Cross St.

15 Filed....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Collins, M. D.

(Coroner)

5/17 1928 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: May 19, 28

20 UNDERTAKER: Wm. J. Dickuer & Sons ADDRESS: North & Pa

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 34030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34030

## CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1623 N Calvert St. 17-19 WARD).

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Archer Cunningham

(a) RESIDENCE NO. 1623 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Matilda Cunningham

6 DATE OF BIRTH (month, day, and year): Aug 23 1848

7 AGE: Years 79 | Months 8 | Days 24 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Abington Md

PARENTS

10 NAME OF FATHER: John A Cunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Worrall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Roy Cunningham

(Address): 3907 Lawyer Oak Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to May 16, 1928, that I last saw h[illegible] alive on May 16, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Senile Senile

Chronic (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Carey, M. D.

(Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park | DATE OF BURIAL: May 18 1928

20 UNDERTAKER: H. T. Tubman & Son | ADDRESS: Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Blks.

E 34031

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34031

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 Chapel Gate Lane (WARD) 28-7 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E. Klemme

(a) RESIDENCE NO. 505 Chapel Gate Lane WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles L. Klemme

6 DATE OF BIRTH (month, day, and year) Aug 20, 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | 8 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER ? Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Maggie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Mr. Charles L. Klemme

(Address) 505 Chapel Gate Lane.

15 Filed MAY 18 1928 by [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1928, to May 14, 1928, that I last saw her alive on May 14, 1928, and that death occurred, on the date stated above, at 12.05 a m.

The CAUSE OF DEATH* was as follows:

Hemaphilegia - 46 days

Chronic Nephritis ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? / Date of /

Was there an autopsy? /

What test confirmed diagnosis? Clinical

(Signed) E Heller Hemmeter M. D.

5/17, 1928 (Address) 2000 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL May 18, 1928

20 UNDERTAKER Wm Fickus Sons ADDRESS North & Pa

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34032

## CERTIFICATE OF DEATH.

202 E 34032

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 1 (4-27) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carroll Cauthorne

(a) RESIDENCE NO. 1519 W. Saratoga St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Cauthorne

6 DATE OF BIRTH (month, day, and year) June 14-1894

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 33 34 | 11 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Essex Co. Va

PARENTS

10 NAME OF FATHER Robt. H. Cauthorne

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Rosie Wheeler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Etta Wife Cauthorne

(Address) 1519 W Saratoga St

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Both legs accidently mashed May 10) by tree which he was helping to load at Harford Rd & Christopher Ave

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Shock after amputation

(duration) 3 yrs. .....mos. .....ds.

(Signed) [illegible] M. D. (Coroner)

5/17/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Bur Ly Wh Essex Co Va May 18 1928

20 UNDERTAKER ADDRESS

Sam'l H. Chase Sons 1400 Maker

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34033

## CERTIFICATE OF DEATH

90 E 34033

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Nellie Gordon

(a) RESIDENCE NO. 714 Madison Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE Years Months Days IF LESS than 1 day hrs. or min.

64 years

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Checker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Emerson Hotel

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER George B. Gordon

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Mass.

12 MAIDEN NAME OF MOTHER Eleanor G. McMullin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mass.

14 Informant Mrs. Mabel L. Miars

(Address) 1307 N. Bond St.

15 Filed MAY 18 1928 16 C. HARTMAN JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17th, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from May 4th, 1928, to May 17th, 1928, that I last saw h.e.r alive on May 17th, 1928, and that death occurred, on the date stated above, at 8 40 A. m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation and Myocardial Failure

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic-Cardio-Vascular Disease.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ira I. Brandfield, M. D.

. 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St. John's Cem., Waverly — 5/19, 1928

20 UNDERTAKER — ADDRESS

Henry H. Miars & Son — 505 N. Calvert

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34034

## CERTIFICATE OF DEATH.

10-082 E 34034

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hyderkem Hospital (ST.) 24-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Arnold District

(a) RESIDENCE NO. 1411 Covington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 17, 1924

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 4 | 1 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John B. District

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md.

12 MAIDEN NAME OF MOTHER Mary Shaeber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md.

14 Informant John B. District

(Address) 1411 Covington St.

15 Filed MAY 19 1925 19 RAL Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 17, 1928, that I last saw h/m alive on May 17, 1928, and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria - Toxemia, Pharyngeal & Laryngeal

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Dr. J. L. Levin, M. D.

5-17, 1928 (Address) Hyderkem Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross All Co. DATE OF BURIAL 5-18 1928

20 UNDERTAKER E & B Harle ADDRESS 115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34035

## CERTIFICATE OF DEATH.

90 E 34035

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Cedar Ave ST. 13-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W Dunning

(a) RESIDENCE NO. 3015 Cedar Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Dunning

6 DATE OF BIRTH (month, day, and year) Feb 10 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 73 | 3 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary L Wilson (Address) 3015 Cedar Ave

15 FILED MAY 18 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 19 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927 to May 17, 1928, that I last saw h[illegible] alive on May 17, 1928 and that death occurred, on the date stated above, at 9 H m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis + Pyelonephritis

Prostatic Hypertrophy

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Hypertension with Hemorrhage

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) J N Wilson, M D

, 19 (Address) 873 W. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Ellicott City

DATE OF BURIAL May 22, 19 28

20 UNDERTAKER [illegible]

ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Information should be carefully supplied. Note should be taken of the STATE PAPERS. PHYSICIANS should state

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34036

## CERTIFICATE OF DEATH.

129 E 34036

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3438 Cedar Ave ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della B Harvey

(a) RESIDENCE NO. 3438 Cedar Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C Harvey

6 DATE OF BIRTH (month, day, and year) Dec 23 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| 42 43 | | 8 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edward C Harvey (Address) 3438 Cedar Ave

15 Filed MAY 18 1928, 19 R.L.H. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1927, to May 17, 1928, that I last saw her alive on May 16, 1928, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Nephritis

(duration) 1 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

5/17, 1928 (Address) 846 W 36 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hanover

DATE OF BURIAL 5/19 19

20 UNDERTAKER Bloom & Son

ADDRESS

Before signing be careful to see that ALL information called for is supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Bks.

E 34037

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

24-001 E 34037

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 Cedar Ave ST.) 13-51 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgetta Boyd.

(a) RESIDENCE No. 3933 Cedar Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Wht | Widow |

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Late John Boyd.

6 DATE OF BIRTH (month, day, and year) Aug 18, 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 68. | 9 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick

PARENTS

10 NAME OF FATHER John Dietz Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mary E. Boyd. (Address) 75 W 9th St Frederick

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 13th, 1928, to May 18th, 1928.

that I last saw h alive on May 18th, 1928

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hemorrhage

(duration) yrs. mos 5. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) George A. Ross, M. D.

, 19 (Address) 428 N 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Frederick

DATE OF BURIAL May 20, 1928

20 UNDERTAKER E. Lemmon Olson

ADDRESS 36 15th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 34038

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34038

E 34038

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 22-37 Ward)

REGISTERED NO. 199

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Schriver

(a) RESIDENCE NO. 3612 Mt. Pleasant Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Schriver

6 DATE OF BIRTH (month, day, and year): June 17 - 1902

7 AGE — Years: 25 Months: 10 Days: 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of indastry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Anthony J. Ahearn

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Carrie Hornstein

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md

14 Informant: John Schriver

(Address): 3612 Mt. Pleasant Ave

15 Filed ..... 19 ..... HAMILTON JONES, M. D.

MAY 18 1928

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterine Hemorrhage

over

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Miscarriage

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Feb. 25 M. D.

(Coroner)

, 19 (Address) 2799 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial: May 18 1928

20 UNDERTAKER: Frederick Evans and Son ADDRESS: Fullerton

N. B.—WHITE PAPER, BLACK INK. Every question should be answered. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34039

E 34039

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSP. ST. 3-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Rudasell.

(a) RESIDENCE NO. 502 Chippew Road WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Rudasill

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 73 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Samuel Rudasell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lindy Shanks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant. (Address) Records.

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/1928.

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1928. to May 16, 1928.

that I last saw him alive on May 16, 1928.

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Contributed to

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ? Date of

Was there an autopsy? yes

What test confirmed diagnosis? Surgical & Post.

(Signed) C. Wilmer Brown, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden DATE OF BURIAL 19

20 UNDERTAKER Cherbowlthalon ADDRESS 3616 Hunt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34040

## CERTIFICATE OF DEATH.

101-001

E 34040

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Apartment 12 Tudor Hall University Pkwy ST. 17 WARD)

2-FULL NAME Vera May Roskey

(a) RESIDENCE (Usual place of abode) NO. Tudor Hall University Parkway ST. WARD

Length of residence in city or town where death occurred 2 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6th 1909

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 18 | 8 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Patterson N. J

PARENTS

10 NAME OF FATHER David V Roskey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Patterson N. J

12 MAIDEN NAME OF MOTHER M M Smellzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Patterson N. J

14 Informant L E. Jones (Address) 341 W. Calvert St

15 Filed MAY 18 1928 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to May 18, 1928, that I last saw her alive on May 18, 1928, and that death occurred, on the date stated above, at 5-10 a. m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Dyspepsia - Ordinary

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Con McNutt M. D.

May 18 1928 (Address) 701 Stockton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patterson New Jersey DATE OF BURIAL May 19 1928

20 UNDERTAKER George Schilling & Sons ADDRESS 1120 Eutaw St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Edna Brown ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34041

## CERTIFICATE OF DEATH.

129 E 34041

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 n. caroline ST., 5-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Brown.

(a) RESIDENCE No. 30 N. caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| f | C. | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) M.D

PARENTS

10 NAME OF FATHER William Barbee

11 BIRTHPLACE OF FATHER (city or town) (State or country) M.D

12 MAIDEN NAME OF MOTHER Tillie harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) M.D

14 Informant Tillie Cook

(Address) 30 n. Caroline st

15 Filed , 19

Registrar

MAY 18 1928 HARPSON BOND, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-16 1928

17

I HEREBY CERTIFY, That I attended deceased from May 3rd, 1928, to May 17th, 1928.

that I last saw her alive on May 16th, 1928

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Uremia Coma

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L Wiener, M. D.

May 17, 1928 (Address) 30 S. B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery — DATE OF BURIAL may 19 1928

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34042

## CERTIFICATE OF DEATH.

40 E 34042

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Ensor St. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Wheatley Bell

(a) RESIDENCE No. 1515 Ensor St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. E. Bell.

6 DATE OF BIRTH (month, day, and year) July 11 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 10 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph Schumacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Maria Forster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. E. Bell.

(Address) 1801 Ensor St.

15 Filed MAY 18 1928 H. MASON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 9— 1928 to May 15 1928,

that I last saw her alive on May 12 1928,

and that death occurred, on the date stated above, at 6 25 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis —

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None —

(Signed) E. Gill Hall, M. D.

May 17 1928 (Address) 1631 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dal. Laur. Cem.

DATE OF BURIAL 5 19 1928

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34043 E 34043

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1225 Linden av ST. WARD)

2-FULL NAME Mary Elizabeth Gonnell

(a) RESIDENCE NO. 1225 Linden av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Capt Geo. Gonnell

6 DATE OF BIRTH (month, day, and year): Oct 27 1846

7 AGE: 81 Years 82 | Months 6 7 | Days 30 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Thos E Masson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Cissell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mrs Malcolm Edwards 2604 Hamilton ave.

15 Filed 18 1928, 19 Regt. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1928

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 17, 1928,

that I last saw h[illegible] alive on May 17, 1928

and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Mitral regurg - Goiter

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. F. Bloss, M. D.

May 18, 1928 (Address) 70 W Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: May 19 1928

20 UNDERTAKER: J & M. Mars

ADDRESS: Eldecott City

CROSS OUT WORDS not applicable in each case, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2963

2 | 34044

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

2 | E 34044

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1516 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruth Waghelstein

(a) RESIDENCE NO. (Usual place of abode) 1613 N. Bentalou ST., St — WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-11-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Abraham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rumania

12 MAIDEN NAME OF MOTHER Clara Eckenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records - (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 1928, 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18-28

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 18, 1928, that I last saw her alive on May 18, 1928, and that death occurred, on the date stated above, at 1 5 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

Streptococcal Peritonitis

Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cultures

(Signed) J. C. Goodwin, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Road — DATE OF BURIAL 5-18-1928

20 UNDERTAKER Jack Levin, 4 — ADDRESS 39 E. Balto St.

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—590 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34045

## CERTIFICATE OF DEATH.

46 E 34045

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5201 Belleville Ave ST., 28-64 WARD)

2-FULL NAME Lena L McNeil

(a) RESIDENCE NO. 5201 Belleville Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev Walter G McNeil

6 DATE OF BIRTH (month, day, and year) July 16-1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 10 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Prince George Co
(State or country) Md

PARENTS

10 NAME OF FATHER Alfred L Pfaff

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Sarah J Meaker

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Rev Walter G McNeil
(Address) 5201 Belleville Ave

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

AY 18 1928 ..... for ..... RCC

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 17, 1928, that I last saw h alive on May 17, 1928, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 1927

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) A. C. Eggerth, M. D.

May 18 1928 (Address) 4309 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park | May 19th 1928 |

20 UNDERTAKER Bertram McCoy ADDRESS 1733 W Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34046 E 34046

## CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 E. Oliver Street ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. Langlotz,

(a) RESIDENCE NO. 2423 E. Oliver Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., If of foreign birth? 72 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Retired

6 DATE OF BIRTH (month, day, and year) 6-30- 1844

| 7 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 83 | 10 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Langlotz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva E. Shad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Melton
(Address) 2423 E. Oliver Street

15 Filed MAY 18 1928 19 HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from February 26, 1928, to May 16, 1928, that I last saw him alive on May 16, 1928 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis + Cardiac dilatation (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Allen K. Cashell, M. D.

5/17, 1928 (Address) 2025 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery

DATE OF BURIAL: 5/19 1928

20 UNDERTAKER: Albert L. Nitz Jr ADDRESS: 1606 N. Chester st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—3-29-28—L. F. S.—500 Bks.

Stuney

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Walfo 1180

129

E 34047

## CERTIFICATE OF DEATH

E 34047

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E Chase St. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Stuney

(a) RESIDENCE NO. 2006 E Chase ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Stuney

6 DATE OF BIRTH (month, day, and year) Not Known

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Michel Stuney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Theresa Stuney

(Address) 2006 E Chase St

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

NOV 13 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 17 1928, to May 17, 1928, that I last saw h. alive on May 17, 1928, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

arterial Hypertension

Myocarditis, Chronic

Septicemia

(duration) 2 yrs. mos. dys.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny, M. D.

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | Nov 19 1928 |
| 20 UNDERTAKER | ADDRESS |
| Frank Crook Son | 1906 Eastlounda |

important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 34048

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

7 1001 L

7 E 34048

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 W Lakeside St. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Woodland

(a) RESIDENCE No. 908 W Lakeside St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Woodland

6 DATE OF BIRTH (month, day, and year) Sept 3-1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 8 | 16 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer General

9 BIRTHPLACE (city or town) St Marys Co
(State or country)

PARENTS

10 NAME OF FATHER Wm Woodland Sr

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Lillie Woodland
(Address) 908 W Lakeside

15 Filed MAY 18 1928 HARRISON JONES, M. D.
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Apoplexy)
(duration) 8 yrs. mos One ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) F. E. Link M. D.
(Coroner)
May 16th 1928 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL May 18 1928

20 UNDERTAKER Hammond & Wright ADDRESS 1536 N Carey

NOTE—Very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

E 34049 (See affadivit over)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34049

## CERTIFICATE OF DEATH.

43

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 8-13 WARD)

2-FULL NAME James F. McKew

(a) RESIDENCE NO. 1905 E Baltimore ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mollie M. Kew

6 DATE OF BIRTH (month, day, and year): Aug 1859 1871

7 AGE: Years 56 | Months 9 | Days | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Jas. Ingle Kew

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Mary Howe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant (Address): Mrs. Lizzie Healey 1935 E. Eutaw St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-16-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-4-, 1928, to 5-16-, 1928 that I last saw him alive on 5-16-, 1928 and that death occurred, on the date stated above, at 10:25 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Parietal-C Metastasis

(duration) .....

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 5-15-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) E. Blanchard M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. | DATE OF BURIAL: 5/19 1928

20 UNDERTAKER: J. J. Moran | ADDRESS 320 E Baltimore

TION is very important. See instructions on back of certificates.

C. HARRISON JONES, M. D.

MAY 18 1928

Baltimore, Md. June 25, 1928.

E 34049

This is to certify that there personally appeared before me, a Notary Public in and for the City of Baltimore, Mrs. Thomas Mealey, who made oath to the following statements.

That the age of James F. McKew, deceased, whose death is recorded on Baltimore City Department of Health Certificate of Death - E-34049, should be recorded as 56 years, 9 months, instead of 68 years, 9 months; and the date of birth should be recorded as August, 1871, instead of Aug. 1859. Length of residence in city should be stated as 56 years, 9 months, instead of 68 years.

Subscribed and sworn to before me this 25th day of June, 1928.

Mrs Thomas Mealey
Sister.

Notary Public.

Dr Jones,
Wish this attached to the Original
Certificate

JUN 25 1928

Spec.—1-12-23—M&T—500 Bks.

E 34050

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34050

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3304 W Belvedere ST. 27 WARD) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christopher A Adams

(a) RESIDENCE No. 3304 W Belvedere ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Pauline Adams

6 DATE OF BIRTH (month, day, and year): Nov 4 1896

7 AGE: Years 31 Months 6 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nothing

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: August L Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Katharine Reiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Pauline Adams

(Address): 3304 Belvedere ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1928

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to May 17, 1928, that I last saw him alive on May 17, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) E E Nichols, M. D.

5/17, 1928 (Address) Pikesville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: May 19 1928

20 UNDERTAKER: Wendell J Appel

ADDRESS: 3008 Colard

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34051

## CERTIFICATE OF DEATH.

E 34051

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 10-14 WARD)

2-FULL NAME Geraldine Drake

(a) RESIDENCE NO. 720 Ensor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 1 | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Drake

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Emma Blackwell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) S. Carolina

14 Informant Mrs. John Drake
(Address) 720 Ensor St.

15 Filed [illegible], 19 [illegible] C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1928

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 17, 1928,

that I last saw her alive on May 17, 1928,

and that death occurred, on the date stated above, at 5-55 p. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. J. L. Levin, M. D.

5-17, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Crem.

DATE OF BURIAL 5/18 1928

20 UNDERTAKER Byron & Wright 1218 N. Eutaw St.

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34052 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 16-37 WARD 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Potter

BALTIMORE CITY HOSPITALS

(a) RESIDENCE NO. [redacted] ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divoreed HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 70 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Connecticut

PARENTS

10 NAME OF FATHER Seweth Potter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Connecticut

12 MAIDEN NAME OF MOTHER Clara Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Connecticut

14 Informant (Address) Records

15 Filed MAY 18 1928 ALOE, HARRISON JONES, M. D. Registrar NKA

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17/ 1928

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1928. to May 17, 1928

that I last saw him alive on May 17, 1928

and that death occurred, on the date stated above, at 11:00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic contributory Arteriosclerosis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Sab

(Signed) C. Julius Boyd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND MAY

DATE OF BURIAL 18 1928

20 UNDERTAKER [illegible] ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34053 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St joseph Hospital ST., 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Suya

(a) RESIDENCE NO. Clare Md ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | N | Unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Austria
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Hospital Records
(Address)

15 Filed MAY 16 1928, 19 C. HAMPSON JONES M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1928, to May 16, 1928, that I last saw him alive on May 16, 1928 and that death occurred, on the date stated above, at 12-10 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of the rectum

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia + Exhaustion

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Laurence Fahnestock, M. D.

, 19 (Address) St joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Roth

ADDRESS MAY 17 1928

CAUSE OF DEATH must plainly state, so that it may be properly classified. FAILURE TO GIVE FULL INFORMATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34054

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34054

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3135 Elliott St., (WARD) 1-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Filipiak

(a) RESIDENCE NO. 3135 Elliott ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17. 28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 9 hrs. |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Leo Filipiak

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Tillie Kowalczuk

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Leo Filipiak (Address) 3135 Elliott St.

15 Filed C. HARRISON JONES, M. D. 19 28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 17, 19 28, to May 17, 19 28, that I last saw h[e] alive on May 17, 19 28, and that death occurred, on the date stated above, at 11:55 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rysanek, M. D.

19 (Address) 201 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Tray

DATE OF BURIAL 19 28

20 UNDERTAKER John M. Weber

ADDRESS 402 Chester

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34055

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34055

## CERTIFICATE OF DEATH

Brooklyn

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No.) 506 Patapsco Ave (ST.) (WARD) 25-13

**2-FULL NAME** Addie Hipson

(a) RESIDENCE NO. 506 Patapsco Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley Hipson

6 DATE OF BIRTH (month, day, and year) July 9 1904

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 23 | 10 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hipson Tennessee

PARENTS

10 NAME OF FATHER Andrew Rhea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Maggie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Informant (Address) Mrs Stanley Hipson 506 Patapsco Ave

15 Filed 19 MAY 18 1928 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 18, 1928.

that I last saw her alive on May 18, 19

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Bronch. Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Brooke, M. D.

5/18, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chattanooga Tenn. Via Penn RR — DATE OF BURIAL May 19 1928

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34056

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34056

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST. 2-4-32 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rt. Rev. John J. Whelan

(a) RESIDENCE No. 1400 Riverside ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred, ~~Life~~ 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 years. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Whelan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Record (Address)

15 Filed MAY 16 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1928, to May 16, 1928, that I last saw him alive on May 16, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
Chronic nephritis
Arteriosclerosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Same.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) George E. Bouis, M. D.

5/16, 1928 (Address) 2003 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL 5/19 1928

20 UNDERTAKER Margaret S. Flynn ADDRESS 1422 Light St.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34057

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34057

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 ST., BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Pinaud

(a) RESIDENCE NO. 112 Clay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Pinaud

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) old

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) France

PARENTS

10 NAME OF FATHER Peter Pinaud

11 BIRTHPLACE OF FATHER (city or town)
(State or country) France

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) France

14 Informant
(Address) Records

15 Filed 1928 C. H. THOMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/10/ 1928.

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to May 10, 1928

that I last saw him alive on May 10, 1928

and that death occurred, on the date stated above, at 1:40 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gram and Sabr.

(Signed) C. Holmes Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL 5/12 1928

20 UNDERTAKER J. J. Foley & Sons

ADDRESS 1318 Light

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34058

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34058

101-91

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No. 147 W. Hamburg ST. 23-31 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Bushrod

(a) RESIDENCE NO. 147 W. Hamburg ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year): [illegible] 1873

7 AGE: Years 55 | Months — | Days — | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: OHO

9 BIRTHPLACE (city or town) (State or country): Westmoreland Co. Va

PARENTS
10 NAME OF FATHER: Henry Bushrod
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: Nancy Gordon
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Maggie Boyer
(Address) 147 W. Hamburg St

15 Filed ..... 19 ..... G. HARRISON JONES, M. D. Registrar
By .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1928

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1928, to May 17, 1928, that I last saw him alive on May 16, 1928, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:
Pneumonia Lobar

(duration) 1 yrs. 1 mos ds.
CONTRIBUTORY (Secondary): Cirrhosis

(duration) [illegible] mos. ds.
18 Where was disease contracted if not at place of death? Tuberculosis Syphilis

Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical Symptoms

(Signed) C. H. Howard M. D.
(Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: May 19 1928

20 UNDERTAKER: John H. Toadvine — ADDRESS: 1027 Druid Hill

10 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 34059

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34059

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. (WARD) 2-4

REGISTERED NO. 11-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Aaron Samchuk

(a) RESIDENCE NO. 565 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/17/27

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 3 | | |
| | | 18 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Aaron Samchuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Katkevni

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1928, 19 C. HARRISON JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17-28

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 17, 1928, that I last saw him alive on May 17, 1928 and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Meningitis, influenza bacillus

(duration) 2 weeks mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia and empyema (duration) yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Exam. Spinal fluid

(Signed) J. C. Goodwin, M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Russia Independent | may 19 1928 |
| **20 UNDERTAKER** | **ADDRESS** |
| John Grebliunas | 423 S. Paca |

Spec.—1-12-23—M&T—500 Blks.

E 34060 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34060

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 1425 WARD 21)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy C. Thornton

(a) RESIDENCE NO. 630 W. Fayette St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Carrie Hale

6 DATE OF BIRTH (month, day, and year): Jan 8, 1867

7 AGE — Years: 61 Months: 4 Days: 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 866

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Richmond Va.

PARENTS

10 NAME OF FATHER: Ross Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Fanny Dangerfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Percy C. Thornton

(Address): 630 W Fayette St.

15 MAY 19 1928 . 19 C. BAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from April 24 . 1928 . to May 16 . 1928 .

that I last saw h in alive on May 16 . 1928 .

and that death occurred, on the date stated above, at 12 10 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas facialis

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

6/18 1928 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 19 1928

20 UNDERTAKER: Chas. G. Black

ADDRESS: 742 W North Ave

TION is very important See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34061

## CERTIFICATE OF DEATH

E 34061

REGISTERED NO. ×129

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital St., 1124 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Church

(a) RESIDENCE NO. Catonsville Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): about 1846

7 AGE: Years about 82? Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Hospital Record

(Address)

15 Filed: C. HAMPSON JONES, M. D. Registrar

19 1928 By: per H

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 19 28

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 19 28, to May 17, 19 28, that I last saw h[illegible] alive on May 17, 19 28, and that death occurred, on the date stated above, at 4 55 P. M.

The CAUSE OF DEATH* was as follows: Chronic Nephritis & arteriosclerosis

(duration) unknown

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Signs

(Signed) John D. Jones M. D.

19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial May 1928

20 UNDERTAKER: Samuel Wesley ADDRESS 578 N Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA[illegible] is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 34062

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34062

## CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. St. Joseph Hospital St., 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Remington

(a) RESIDENCE NO. 1010 E. Chase St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) August 25th. 1923

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 4 yrs. | 8mo. | 14dys | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER David Remington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York, N.Y.

12 MAIDEN NAME OF MOTHER Mary Finnegan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Mrs. Mary Remington, Mother

(Address) 1010 E. Chase St.

15 Filed 192 19 HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns over arms & body.

(Playing with matches)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

5/19/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemetery May 21, 1928

20 UNDERTAKER ADDRESS

Edmund W. Conklin 924 E. Lagonda

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 34063

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34063

## CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N Chapel ST. 8-17 WARD)

2-FULL NAME Margaret Jubb

(a) RESIDENCE NO. 1704 N Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Jubb

6 DATE OF BIRTH (month, day, and year) Jan 2 1880

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 4 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Kuttlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant George Jubb (Address) 1704 N Chapel

15 5 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17th 1928

17

I HEREBY CERTIFY, That I attended deceased from November 1927, to May 16th, 1928, that I last saw h[illegible] alive on May 16th, 1928, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Heart

uncertain (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Jenkins M. D.

, 19 (Address) 119 N. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL May 21 1928

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 34064

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34064

## CERTIFICATE OF DEATH

134

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 711 N. Spring St. 10-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester Nicholson

(a) RESIDENCE NO. 711 N. Spring St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Nicholson

6 DATE OF BIRTH (month, day, and year) Oct. 14-1878

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 49 | 7 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Daniel Brown

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Jane E. Slim

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Nadia E. Price

(Address) 1430 E. Madison St.

15 Filed ..... 19 .....

MAY 19 1928

C. HAMILTON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1928, to May 17, 1928, that I last saw h[illegible] alive on May 17, 19..., and that death occurred, on the date stated above, at 4 40 P. m.

The CAUSE OF DEATH* was as follows:

Uterus-abdominal fistula

Several months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sotemia General debility

one month (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

May 19 1928 (Address) 1612 E. monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial May 21 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 446 N. Carrollton Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34065 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34065

## CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1409 Jefferson ST. (or WARD) 5-9

2-FULL NAME Lee Womley

(a) RESIDENCE NO. 1409 Jefferson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eloca Womley

6 DATE OF BIRTH (month, day, and year): ? 1885

7 AGE — Years: 43 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~Not~~ Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Eloca Womley (Address) 1409 Jefferson St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1928

17 I HEREBY CERTIFY, That I attended deceased from May-9- 1928, to May 16 1928.

that I last saw h[illegible] alive on May 16 1928

and that death occurred, on the date stated above, at 5.10 a m

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 3 hrs. mins ds.

CONTRIBUTORY (Secondary): probably Embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr Hughes, M. D.

5/19/28 (Address) 1413 Druid Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Point Va.

DATE OF BURIAL: 5/19/ 1928

20 UNDERTAKER: Jno. T. H. Rochester

ADDRESS: 1413 Jefferson

CHARLES C. PATTERSON JONES, M. D.

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34066

CERTIFICATE OF DEATH.

E 34066

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. Ward

2-FULL NAME Catherine Lee

(a) RESIDENCE NO. 116 N Vincent St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 10. 1902

7 AGE: Years 26 Months 11 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto md

PARENTS

10 NAME OF FATHER William Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Bessie Murry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Bessie Lee

(Address) 116 N Vincent st

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

on the 17 day of May, 1928, and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. ds.

Signed May 17 1928 G C Yates M. D.

(Coroner)

(Address) 145 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Date of Burial: 5-19 1928

20 UNDERTAKER: Joseph A Libely ADDRESS: 4098 Mount St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instructions on back of certificate.

C. HARRISON JONES, M.D.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY ... MORE

E 34067

E 34067

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 Lemmon St 4-30 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Coale Washington

(a) RESIDENCE NO. 406 Lemmon St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 65 yrs 1863

7 AGE Years 65 Months Days IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Sallie Coale (Address) 406 Lemmon St

15 Filed ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1928, to May 16, 1928, that I last saw h[illegible] alive on May 13, 1928, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows: Paralysis Arteriosclerosis

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY Senility

(Secondary)

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted at home

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic symptoms

(Signed) [illegible] M. D.

May 18, 19... (Address) 712 S Broadway

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

Date of Burial 5/19/28

20 UNDERTAKER J Lewis Hall

ADDRESS 753 Dolphin St

tion should be carefully supplied. Age should be stated in... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34068 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34068

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Rutland Ave ST. 8-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Carre

(a) RESIDENCE NO. 1112 Rutland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Jennie B Carre

6 DATE OF BIRTH (month, day, and year) July 20 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 9 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Ship

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER John Carre

11 BIRTHPLACE OF FATHER (City or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) France

14 Informant Harry E Carre

(Address) 1112 Rutland Ave

15 Filed MAY 19 1928 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1926, to May 16, 1928, that I last saw him alive on May 14, 1928 and that death occurred, on the date stated above, at 2:30 A m

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Organic heart disease

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fritz J Kinzer, M. D.

5/17, 1928 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL May 19 1928

20 UNDERTAKER Galt-J. Turner Inc. ADDRESS 1442 N. Broa

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34069

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34069

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balt. Gen. Hosp (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Fowler

(a) RESIDENCE NO. 4313 Raspe St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): newborn premature

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) not

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) So. Balt Gen Hosp

PARENTS

10 NAME OF FATHER Charles Theadore Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Anna Cath. Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant mother

(Address)

15 1928 C. BAGBY JONES, M. D. Registrar

RPH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to May 18, 1928, that I last saw h[illegible] alive on May 18, 1928, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Prematurity (5½ mo)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Pokorny, M. D.

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loc. G Rahn MS

DATE OF BURIAL: MAY 1928

20 UNDERTAKER: [illegible]

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Bks.

E 34070

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34070

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST., 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Stallard

(a) RESIDENCE NO. 1421 Lemmon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Olive Stallard

6 DATE OF BIRTH (month, day, and year) Apl 4 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 1 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 640

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER George Stallard

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Emma Alderman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 BALTIMORE CITY HOSPITALS Informant (Address)

15 Filed 19 G. HAMPSON JONES, M. D. (Registrar) 1926 RAH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17/1928

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1928 to May 17, 1928

that I last saw him alive on May 17, 1928

and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic & acute

Arteriosclerosis

Hypertension

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gross & Path.

(Signed) C. Sowers Strong, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 5/21 1928

20 UNDERTAKER W. E. Coot — ADDRESS 502 E Vath

THIS IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 34071

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34071

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St.) (Ward) 38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jean Warner Lewis

(a) RESIDENCE NO. 4406 Vista Ave (St.) Forest Park (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 27, 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min |
|---|---|---|---|---|
| | 2 | 0 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country) Ocean City, Md

PARENTS

10 NAME OF FATHER Wm. H. Lewis

11 BIRTHPLACE OF FATHER (city or town) Ocean City, Md
(State or country)

12 MAIDEN NAME OF MOTHER Edna G. Hull

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Wm H. Lewis
(Address) 4406 Vista Ave

15 Filed May 21, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 19 1928, that I last saw living on May 19, 1928, and that death occurred, on the date stated above, at 12 00 a m

The CAUSE OF DEATH* was as follows:

Central nervous System Lues

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Spinal fluid

What test confirmed diagnosis? Wasserman Blood

(Signed) W. H. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 5/21 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34072

## CERTIFICATE OF DEATH.

162 E 34072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant 1st (or) WARD)

2-FULL NAME James Anthon Cannan

(a) RESIDENCE NO. St. Vincent's Inf. Asy. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/9/28

7 AGE: Years — Months — Days: 10 days: 0: 0

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Carrol Mulford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Galena Md.

12 MAIDEN NAME OF MOTHER Jeanette Cannan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Perry Hall Md.

14 Informant (Address) St Vincents Records 1st Division St

15 Filed 19 HAYWOOD JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/9, 1928, to 5/19, 1928, that I last saw him alive on 5/18, 1928, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Hamanthagic disease of the new Born

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Louis H. Krug Jr. M. D.

5/19, 1928 (Address) 1401 Division St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 5-24-28

20 UNDERTAKER: Mentor Raley Co

ADDRESS: 1401 Pennsylvania Ave

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34073

## CERTIFICATE OF DEATH.

1 88-003 E 34073

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Mooney

(a) RESIDENCE NO. N. York St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: About 64 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14 Informant (Address) Police Dept.

15 Filed ... 19... [illegible] (Signed) HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19-28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Fract. Skull caused by being struck by automobile

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Gen Paresis (over)

(duration) ... yrs. ... mos. ... ds.

May 19 (Signed) H. T. Kelly (Coroner) M. D.

, 19 28 (Address) 1629 Rowdy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fort Kepson, N.Y. Date of Burial: 5/29/28

20 UNDERTAKER: C. J. Fanning & Son ADDRESS 1386 Lafayette Ave.

AUG 28 1928

Back of certificate. See instructions on back of this sheet. Exact statement of OCCUPATION is very important.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34074

109-002 E 34074

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Jefferson

(a) RESIDENCE NO. 1023 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 20, 1898

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 30 | 1 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Walter Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mollie Jones

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co. (State or country) Md.

14 Informant Mollie Jones (Address) 1023 E. Madison St.

15 Filed MAY 20 1928 HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to May 17, 1928, that I last saw him alive on May 17, 1928, and that death occurred, on the date stated above, at 1:50 a. m.

The CAUSE OF DEATH* was as follows:

Pentonsillar abscess — bilateral

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 5-17-28

Was there an autopsy? No Drain abscess

What test confirmed diagnosis? Clinical & operation

(Signed) E. J. P. Leven, M. D.

5-17, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Calvary | May 21, 1928 |
| 20 UNDERTAKER Mrs. P. A. Elliott | ADDRESS 1725 Eastlund Ave |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34075

## CERTIFICATE OF DEATH.

129 E 34075

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Ensor St ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Stanley

(a) RESIDENCE NO. 711 Ensor St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Unknown.

6 DATE OF BIRTH (month, day, and year): Apr 1st 1855

7 AGE: Years 73 Months 1 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Frank Isanell

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant: Emma Johnson (Address) 711 Ensor St.

15 Filed MAY 21 1928 19 CLAYTON C. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from April 2 1928 to May 18 1928 that I last saw her alive on May 18 1928 and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis +

Paralysis (duration) 1 yrs. 3 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Postmo

(Signed) D. G. Wrenn M. D.

5-18 1928 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Cemetery — DATE OF BURIAL: May 20 1928

20 UNDERTAKER: Wm. B. C. Elliott — ADDRESS: 1725 Eastern Ave

IT IS VERY important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

34076

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34076

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S. First St Bklyn ST. 15-7 WARD)

2—FULL NAME Bertha A. Wightman

(a) RESIDENCE NO. 205 S. First St Bklyn ST.,
(Usual place of abode) WARD

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Albert S. Wightman

6 DATE OF BIRTH (month, day, and year) Oct 4, 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 3 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Del.

PARENTS

10 NAME OF FATHER Owen Isaacs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Sally O'Donivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

14 Informant Geo. W. Coffin
(Address) 205 S. 1st Bklyn.

15 Filed ..... 19 ..... REGT. JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1928, to May 18, 1928, that I last saw her alive on May 18, 1928, and that death occurred, on the date stated above, at 1235A m.

The CAUSE OF DEATH* was as follows:

General Paresis (Tertiary Lues)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Wassermann Reaction + Lues

(Signed) Jerry Leibel M. D.

19 (Address) 124 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

UNDERTAKER W. M. Cook

DATE OF BURIAL 5/21 1928

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 34077

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34077

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. ..... WARD)

2-FULL NAME John Wade

(a) RESIDENCE NO. 3616 Belvedere Ave. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Divorced |

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis P. Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Gertrude Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Reeves.

15 Filed MAY 29 1928 WILSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/1928.

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1928. to May 19, 1928

that I last saw him alive on May 18, 1928

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic & acute

Arteriosclerosis.

(duration) ... yrs. 4 mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Sur.

(Signed) C. Holmes Engel, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL 5/21, 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34078

## CERTIFICATE OF DEATH.

5 E 34078

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Warwick ave ST. 15-6 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Isaacson

(Residence in Baltimore: No. 1817 Warwick ave St.; 30 yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) 1 (Day) (Year)

7-AGE. 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer). 03

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Isaacson

(Address) 1811 Morelund ave

15-

Filed ....., 191.... HAMILTON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19, 1928. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1924, to May 18 1928, that I saw h[illegible] alive on May 18 1928, and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Gangrene of Right leg

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. 2 mos. ds.

(Signed) M. D.

May 19 1928. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Cosedal

DATE OF BURIAL. 5/22, 1928

20-UNDERTAKER Jack Lewis 1439 E Balt St

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34079

## CERTIFICATE OF DEATH

90 E 34079

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST. 20-28 WARD)

2-FULL NAME Ida Seidel

(a) RESIDENCE No. 2045 Eagle Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? -- yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rubin Seidel

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 63 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Fromm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hirtons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Morris Seidel

(Address): 1328 N Gay St

15 Filed , 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/19 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5/15/28, 19 28, to 5/19, 19 28.

that I last saw her alive on 5/19, 19 28

and that death occurred, on the date stated above, at 12:05 Am

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & Insufficiency

Chronic Endocarditis &

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Sherry, M. D.

5/19 19 28 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mash Lood — DATE OF BURIAL: 5/20 19 28

20 UNDERTAKER: Louis Leuch — ADDRESS: 1439 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34080

## CERTIFICATE OF DEATH.

E 34080

REGISTERED NO. 24-129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1439 Lauel Av ST. WARD)

2-FULL NAME Carrie Kastning

(a) RESIDENCE NO. 1439 Lauel Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Kastning

6 DATE OF BIRTH (month, day, and year) Feb. 16 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 3 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frederick Burkhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Kastning, Son

(Address) 1439 Lauel Av

15 MAY 20 1928 W. H. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 18, 1928, that I last saw h alive on May 17, 1928, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Hypertention 10 days

Uraemia 3 days

Myocarditis 1 days

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinic

(Signed) Thos J Williams, M. D.

5/19/28 (Address) 2818 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL May 21 1928

20 UNDERTAKER Chas. L. Storma — ADDRESS E Fort Av

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34081 ✓ E 34081

## CERTIFICATE OF DEATH

REGISTERED NO. 117

1-PLACE OF DEATH

City of BALTIMORE: (No. Ham't 4 St. Paul St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Richardson

(a) RESIDENCE NO. Same St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Richardson

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 33yrs Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Lewis Richardson

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): —

14 Informant: Annie Richardson

(Address): same

15 Filed 20 1928, 19 E. HARRISON JONES, M. D. Registrar

Per R Ogle

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/18— 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/18— 1928, to 5/18— 1928, that I last saw h— alive on 5/18— 1928 and that death occurred, on the date stated above, at 7.00 m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Chronic Appendicitis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Hall Bright, M. D.

19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: May 20 1928

20 UNDERTAKER: D. A. Brown & Son — ADDRESS: 1811 Monroe

IMPORTANT. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34082

## CERTIFICATE OF DEATH.

90 E 34082

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 E. Fayette ST. 5-E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Yetta Burman Caplan

(Residence in Baltimore: No. 1008 E. Fayette st St.: 36 yrs., ..... mos. ..... ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..... unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.

If LESS than 1 day, .... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Wm. Zagorsky

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. S. Burman

(Address) 2416 Eutaw Place

15-

Filed MAY 20 1918 [illegible] JOHN JONES, M. D. Registrar.

By [illegible]

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..... May (Month) 19 (Day), 1918 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 15 1918, to May 19 1918, that I saw h[illegible] alive on May 18 1918, and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

..... Myocarditis .....

.....

.....

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Asthenia and Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... B. Kader ..... M. D.

....., 191... (Address) 2306 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, 5/20, 1918

20-UNDERTAKER. Sol Levinson & Bro — ADDRESS 112 E Balto st

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34083

1-PLACE OF DEATH E 34083

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 2406 Shirley ave St. 15-58 Ward)

2-FULL NAME Sarah A. Shoffer

(a) RESIDENCE NO. 2406 Shirley ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| female | white | Widowed |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard M Shoffer

6 DATE OF BIRTH (month, day, and year) Sept 20 - 1854

| 7 AGE Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 73 | 7 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town)

(State or country) Garrett Co Md

PARENTS

10 NAME OF FATHER John Roth

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Fredlock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant R B Shoffer

(Address) 305 Cedarcroft Road

15 [illegible] 19 HAMILTON JONES, M. D.

Registrar

MAY 26 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19. 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 20 1928 to May 19 1928

that I last saw h[illegible] alive on May 18 1928

and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) 30 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. H. Pegues M. D.

May 19 1928 (Address) 2105 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — Date of Burial May 21 1928

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W North ave

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 34084

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129

E 34084

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1011 W. Fayette St. 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank P. Airey.

(a) RESIDENCE NO. 1011 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Airey,

6 DATE OF BIRTH (month, day, and year) April 2, 1867

| 7 AGE | Years | Months | Days | IF LESS than 1 day ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 61 | 1 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Airey,

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Eliza Youngman,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Sadie Airey

(Address) 1011 W. Fayette St.

15 Filed ____ 19__ C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 19 28

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1928, to May 19, 1928, that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 1-50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo. Hemmeter, M. D.

4-19-1928 (Address) 3002 Barrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

Date of Burial MAY 22 1928 19

20 UNDERTAKER Geo W. Little

ADDRESS

MAY 20 1928

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34085 HEALTH DEPARTMENT—CITY OF BALTIMORE. E 34085

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS 69 ST., WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Cuffin

(a) RESIDENCE No. 1737 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Brooks

15 Filed . 19 . By C. H. JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/18/1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1925 to May 18, 1928 that I last saw her alive on May 18, 1928 and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic
arteriosclerosis

(duration) 2 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Sub

(Signed) C. Wilfred Brandt M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbury cemetery

DATE OF BURIAL: May 21 1928

20 UNDERTAKER: Edward Bryan

ADDRESS 1681 Orleans St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34086

## CERTIFICATE OF DEATH.

E 34086

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 22-46 WARD

2-FULL NAME Mrs E. M. Evans (Mary Eleanor Evans)

(a) RESIDENCE No. 505 Beaumont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept-12-1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ~~53~~ | 53 | 8 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) School Teacher

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Theodore Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nora Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Nora F. Evans (mother)

(Address) 505 Beaumont Av

15 Filed ... 1928 ... H. L. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/17, 1928, to 5/19, 1928,

that I last saw h[illegible] alive on 5/19 1928

and that death occurred, on the date stated above, at 5 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast

(a) metastases

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/16/28

Was there an autopsy? no

What test confirmed diagnosis? Gross & Clinical

(Signed) L. M. Humphris, M. D.

5/19, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cemetery | May 21 1928 |
| 20 UNDERTAKER | ADDRESS |
| Stewart & Co | Balto. |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34087

## CERTIFICATE OF DEATH.

74-001 E 34087

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Park Av ST. 14-20 WARD)

2-FULL NAME Frances Gilpin Reese

(a) RESIDENCE NO. 1514 Park Av ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? 72 yrs. 0 mos. 4 ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May-14-1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 72 | 0 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Reese

11 BIRTHPLACE OF FATHER (city or town) Montgm. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A Gilpin

13 BIRTHPLACE OF MOTHER (city or town) Annapolis (State or country) Maryland

14 Informant Mr Wm. K. Bartlett (Son-in-law) (Address) 1922 Mt Royal Av.

15 Filed MAY 20 1928 HARRISON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 18, 1928, that I last saw her alive on May 18, 1928, and that death occurred, on the date stated above, at 10 8. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) 15 yrs. + mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) A. F. Robinson, M. D.

(Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Burying Ground — DATE OF BURIAL 5/21/1928.

20 UNDERTAKER Stewart & Mowen Co. — ADDRESS Balto.

TION IS very important. See instructions on reverse side.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34088

## CERTIFICATE OF DEATH

104-002

E 34088

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 723 St Johns Rd Ward) Roland Park

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Beale Merrick

(a) RESIDENCE NO. 723 St Johns Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): January 21 1892

7 AGE — Years: 36 Months: 3 Days: 27. IF DEATH less than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Talbot Co Md.

PARENTS

10 NAME OF FATHER: Mathew B Merrick

11 BIRTHPLACE OF FATHER (City or town) (State or country): Talbot Co Md

12 MAIDEN NAME OF MOTHER: Nannie Pastorfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co Md

14 Informant: Mrs M B Merrick (Address) 723 St Johns Rd

15 Filed ....., 19.....

Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1928, to May 19-, 1928, that I last saw h[illegible] alive on May 17 1928, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows: Cerebral Embolism (Septic following acute Tonsilitis)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Robert L Lockhart, M. D.

May 19 1928 (Address) 2117 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Druid Ridge Cem — Date of Burial May 21 1928

20 UNDERTAKER, John O Mitchell and Sons — ADDRESS 1900 Eutaw Pl

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34089.

## CERTIFICATE OF DEATH.

167-001 ✓ E 34089

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 913 N. Charles St. 11-15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonie de Milhau Evans

(a) RESIDENCE NO. 913 N. Charles St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: R. Judson Evans

6 DATE OF BIRTH (month, day, and year): December 1905

7 AGE: Years 22 Months 5 Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 31

(c) Name of employer

9 BIRTHPLACE (city or town): Richmond

(State or country): Va

PARENTS

10 NAME OF FATHER: Leonie de Milhau

11 BIRTHPLACE OF FATHER (city or town): New York City

(State or country)

12 MAIDEN NAME OF MOTHER: Belinda Christian

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Md

14 Informant: Chas. M. Christian

(Address) 4401 Woodbine Ave

15 Filed MAY 20 1928, 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19. 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, aforesaid (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arrested by Hemorrhage from Lungs

Tuberculosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

May 20 1928 (Signed) W. J. Peters, M. D. (Coroner)

19 28 (Address) 1639 Bryan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — Date of Burial: May 20 28

20 UNDERTAKER: R. E. Barton — ADDRESS: Elmhurst

Fill in Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34090

## CERTIFICATE OF DEATH.

E 34090

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (Ward) 47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Hofmann.

(a) RESIDENCE NO. 400 E. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adele C. Hofmann

6 DATE OF BIRTH (month, day, and year) April 3, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 1 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Friedburg (State or country) Germany

PARENTS

10 NAME OF FATHER Peter Hofmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Enzelter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Adele C. Hofmann (Address) Holliday & Lexington Sts.

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-18, 1928, to 5-19, 1928,

that I last saw her alive on 5-19, 1928,

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Hypertension.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hg

(duration) yrs. mos. 10½ hrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. Greenup Tolliday M. D.

5/19 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Churchyard

DATE OF BURIAL May 22 1928

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Clarkson ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34091

## CERTIFICATE OF DEATH.

129 E 34091

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Royal Hotel ST. 1170 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lamar Clarkson

(a) RESIDENCE NO. Mt. Royal Hotel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie V. Clarkson

6 DATE OF BIRTH (month, day, and year) April 10, 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 1 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 89

(c) Name of employer Post Office

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Rev. Benj. F. Clarkson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvenie

12 MAIDEN NAME OF MOTHER Laura J. Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Manchester Md.

14 Informant Mrs. Sallie V. Clarkson (Address) Mt. Royal Hotel

15 Filed MAY 20 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 19 28

17

I HEREBY CERTIFY, That I attended deceased from Nov 6 1927 to May 18 1928.

that I last saw him alive on May 17 1928,

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valv Endocarditis

Chronic Nephritis

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Dr Theries Buck M. D.

(Address) 2844 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL May 21 1928

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Koch ✓

E 34092

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001

E 34092

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841-1/2 W. Lombard St. 16-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances L. Koch

(a) RESIDENCE NO. 841-1/2 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Paul Koch

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 8 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Koehler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Emma F. Koch

(Address) 841-1/2 W. Lombard St.

15. Filed MAY 20 1926, 19 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 19 28

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to May 18, 1928,

that I last saw her alive on May 17, 1928,

and that death occurred, on the date stated above, at 5.10 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Hypertension.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? M

Did an operation precede death? M Date of

Was there an autopsy? M

What test confirmed diagnosis? Manual

(Signed) Edgar E. Tracey, M. D.

May 19, 1928 (Address) 1500 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL May 21 19 28

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St

THON is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 34093

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

101-001 E 34093

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospitals 16-68 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary T. Dunbracco

(a) RESIDENCE NO. 110 S Ashburton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Dunbracco

6 DATE OF BIRTH (month, day, and year) July 14, 1861

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 66 | 10 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Queen Anne County

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Hendricks

11 BIRTHPLACE OF FATHER (City or town) Queen Anne Co.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ann Tittle

13 BIRTHPLACE OF MOTHER (city or town) Queen Anne Co.

(State or country) Md.

14 Informant Miss Edith Dunbracco

(Address) 611 St. Paul St.

15 Filed ..., 19.. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/28

17 I HEREBY CERTIFY, That I attended deceased from 5/11/28, 19.., to 5/18/28, 19.., that I last saw h.. alive on 5/18/28, 19.., and that death occurred, on the date stated above, at 11 40 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ... yrs. ... mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. E. Winstead, M. D.

5/18 19 28 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chesterwood Md

Date of Burial 5/21 1928

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

185 V

E 34094
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

E 34094
REGISTERED NO.

City of BALTIMORE: (No. City Hospital St., No. 31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Lauer

(a) RESIDENCE NO. 620 S-14 St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 22nd 1914

7 AGE 13 Years 14 Months 7 Days 24, IF LESS than 1 day.....hrs. or.....min. 16

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School attendant
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Althouse A. Lauer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Dulin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md.

14 Informant Andrew A. Lauer
(Address) 620 S. 14th St.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH was as follows:

Acc Fall
Puncture & Lacerations over
(Duration) yrs. mos. 2 ds.
CONTRIBUTORY Gun Powder
(Secondary)
(Duration) yrs. mos. ds.
Signed J. C. Gadd M. D.
(Coroner)
5/28, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: May 21 to 28

20 UNDERTAKER: Lilly & Zucker Inc. — ADDRESS: 403 S. Wolfe St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 34095

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

3 | E 34095

1—PLACE OF DEATH

REGISTERED NO. 37

CITY OF BALTIMORE: (No. 3925 Foster ave ~~ST.~~ 26 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John E. Heinlein

(a) RESIDENCE NO. 3925 Foster ave ~~ST.~~ 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Heinlein

6 DATE OF BIRTH (month, day, and year) July 2nd 1882

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 10 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John E. Heinlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Anna Heinlein Wife

(Address) 3925 Foster ave

15 Filed MAY 20 1928 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to May 18, 1928

that I last saw h alive on May 18, 1928

and that death occurred, on the date stated above, at 11½ P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. L. Burke, M. D.

, 19 (Address) 3042 Hudson Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL May 22nd 1928

20 UNDERTAKER Lilly & Zeiler Inc

ADDRESS 403 S. Wolfe St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34096 E 34096

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 2725 Winchester ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Pugh

(a) RESIDENCE. NO. 2725 Winchester ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Jane McMillen

6 DATE OF BIRTH (month, day, and year): 4-28-1869

7 AGE: Years 59 Months Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Jewelry Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~Baltimore Md~~ Ireland

PARENTS

10 NAME OF FATHER: Pat. J. Pugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Walter J. Pugh

(Address): 2725 Winchester st

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 5, 1928, to May 18, 1928, that I last saw h[illegible] alive on May 16, 1928, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H E Jones, M. D.

5/19, 1928 (Address) 720 No. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 5-21 1928

20 UNDERTAKER: H. C. Brannigan Son

ADDRESS: 1136 Poplar Grove St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 20 1928 C. H[illegible]

Pd

Spec.—12-9-25—A Co.—200 Bks.

E 34097

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31

E 34097

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1437 Sumwalt Court St. 24-33 Ward)

2-FULL NAME Harry W. Frank

(a) RESIDENCE NO. 1437 Sumwalt Court St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Sept. 14 1889

| 7 AGE | Years | Months | Days 4 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | 8 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Henry Frank

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Stella Morecraft

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mrs. Frank

(Address) 1437 Sumwalt Court

15 Filed MAY 28 1928 HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 5.18.

17

I HEREBY CERTIFY, That I attended deceased from 5.9 1928, to 5.18 1928,

that I last saw him alive on 5.18 1928,

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) Indefinitely yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. D. Dunlington, M. D.

5.19 1928 (Address) 1028 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

Date of Burial 5/21/1928

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Fort.

Very Important. See Instructions on Back of Certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

21698

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34098

## CERTIFICATE OF DEATH

17 E 34098

1—PLACE OF DEATH

REGISTERED NO. 17-55

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Panzarella

(a) RESIDENCE NO. 1735 Wilson St., - WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-17-12

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 15 | 5 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor Shop

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Angelo Panzarella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Ilinarika

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Reads —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 6 1928, 19 C. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16-28

17

I HEREBY CERTIFY, That I attended deceased from May 2, 19 28, to May 16, 19 28, that I last saw h.e alive on May 16, 19 28 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Appendicitis emergency case, (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis - following operation (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 2, 1928.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) F. E. Emans, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | May 21 1928 |

20 UNDERTAKER George J. Rutt ADDRESS 1735 Harford Ave.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34099
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 34099
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No.) 2200 Pork ave St. 135 Ward 39

2-FULL NAME Bonnie B. Smith

(a) RESIDENCE NO. 2200 Pork ave St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | colored | married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Smith

6 DATE OF BIRTH (month, day, and year) July 26, 1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 39 | 9 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) apartment

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Matthews Co Va

10 NAME OF FATHER Robert Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Virginia Brooks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

PARENTS

14 Informant Addie Smith

(Address) 1632 Whitelock + Pareave

15 Filed 5-19 1928 Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 5 Years

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

5/19, 1928 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ..... mos., ..... ds. to the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Matthews Co Va — Date of Burial: May 20 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Presstman St

Spec.—1-10-21—M&T—1500 Bks.

E 34100 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24-001 E 34100

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3030 Hollins ST., 20-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa A. Leibel

(a) RESIDENCE NO. 3030 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Leibel

6 DATE OF BIRTH (month, day, and year) Aug 18th 1847

7 AGE Years 80 Months 9 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernest Wilhelm Albrecht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Christiana Hanecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Carl W. Leibel

(Address) 4602 Elbert Ridge Rd.

15 Filed 20-1928 19 HARRISON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1928 to May 18, 1928, that I last saw h alive on May 18, 1928, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. 8 mos. 1 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. Rader, M. D.

19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 21 1928

20 UNDERTAKER Ellis J. White — ADDRESS 2554 Madison Ave

Spec.—1-12-23—M&T—500 Bks.

(Wartinger) ✓ 34101

E. 34101

# HEALTH DEPARTMENT—CITY OF BALTIMORE

X 44

## CERTIFICATE OF DEATH.

E 34101

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33 2d ✓ Calvert ST. 12-32 WARD)

2-FULL NAME Mrs. Lee Wartinger

(a) RESIDENCE NO. Woodbrook Bolora ave ST. Balt Co. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 65 | 10 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Nicholas Wartinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Baumgaertner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Union Memorial Hospital (Address) Record

15 Filed May 20 1928 19 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 18, 1928, that I last saw h[illegible] alive on May 18, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cancer

Carcinoma of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cancer

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy.

(Signed) H. Traughber, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 5/21 1928

20 UNDERTAKER Mary M. Wiedefeld

ADDRESS 59 E. 22 St.

Spec.—1-12-23—M&T—500 Bks.

Malczewska

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34102 124 E 34102

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1, 22 East Lee ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislawa Malczewska

(a) RESIDENCE NO. 1, 22 East Lee ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 70 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 19 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 62 | 2 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Vincent Malczewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Katherine Lewicki

(Address) 13 East Lee St.

15 Filed ....., 19.... ....., M.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5/2 , 1928 , to 5/19 , 1928 .

that I last saw her alive on 5/18 , 1928

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

unknown

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Secondary Anemia

unknown (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jos. A. Rosenblatt, M. D.

5/20, 1928 (Address) 908 Dorman Ave, Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary Cem | 5-20- 1928 |
| 20 UNDERTAKER | ADDRESS |
| Stanley Fulkowski | |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34103

## CERTIFICATE OF DEATH.

161 001

E 34103

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 536 W. Franklin ST. 17-25 WARD

2-FULL NAME Mary M. Buck

(a) RESIDENCE No. 536 W Franklin ST., 5 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 6 '28

7 AGE: Years | Months | Days: 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Theodore Buck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Lillie Gaughn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Theodore Buck (Address) 536 W Franklin

15 Filed MAY 21 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 1928

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1928, to May 17, 1928, that I last saw her alive on May 14, 1928, and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Premature. 2 months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) L. K. Long M. D.

May 19 28 (Address) 221 Columbia

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant View Cem. DATE OF BURIAL: 5-21 1928

20 UNDERTAKER: Weldon J. Gallagher ADDRESS: 1534 Lund

Cor.—12-9-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34104
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

X 188-003

E 34104
REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General 24 33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Meyers.

(a) RESIDENCE NO. Glen Burnie, A. A. Co. Md. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred [redacted] ds. (If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| ~~Male.~~ | White. | Widower |

5a If ~~XXXXX~~ widowed, ~~XXXXXX~~ HUSBAND of (~~XXXXXXX~~) Amelia Meyers.

6 DATE OF BIRTH (month, day, and year) July 18, 189[illegible]

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 85 | 9 | 29 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Herman Meyers.

11 BIRTHPLACE OF FATHER (city or town) New York.
(State or country)

12 MAIDEN NAME OF MOTHER Annie Wagner.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

14 Informant Herman Meyers. (brother.
(Address) 417 Sanders St.

Filed MAY 24 1928 HARRY JONES M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the Skull.
Automobile Accident.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)
(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Feinhardt M. D.
(Coroner)

5/20 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? Annapolis Blvd. near Glen Burnie A. A. Co.
Place of usual residence ~~XXXXXXXXXXXXXXXX~~ Md. May 13, 1928.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial May 21 1928

20 UNDERTAKER Margaret E. Flynn ADDRESS 412 Light St.

Spec—12-25-21—E.B.R.S.—400 Bks.

Gibbons

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34105

## CERTIFICATE OF DEATH.

E 34105

1-PLACE OF DEATH

City of BALTIMORE: (No. 3035 Woodland Ave St., 27-56 31 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Elsinore Gibbons

(a) Residence No. 3035 Woodland Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of (or)~~ WIFE of Harry Gibbons

6-DATE OF BIRTH (month, day and year) July 9 1887

7-AGE. 40 9 19

If LESS than 1 day, ....hrs. or....min.?

41 yrs. 2 mos. 15 ds.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto.

PARENTS.

10-NAME OF FATHER. Daniel L Holden

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Martha Ponty

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14- (Informant) Grace Holden

(Address) 3033 Woodland Ave

15- Filed MAY 21 1928, 19 HAMILTON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 18, 1928.

17- I HEREBY CERTIFY, That I attended deceased from Nov 5th 1927 to May 18th 1928, that I last saw h[illegible] alive on May 16th 1928, and that death occurred, on the date stated above, at 12:25 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Boobe M. D.

, 19 (Address) 1700 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. May 22 1928

20-UNDERTAKER. Robt J Turner Sr.

ADDRESS. 644 Broadway

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34106 OF DEATH

REGISTERED NO. E 34106

City of BALTIMORE: (No. Johns Hopkins Hospital St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lightning

(a) RESIDENCE NO. 2346 Eastern Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10/23

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 4 | 6 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Andrew J. Lightning

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Ruth Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed MAY 21 1928 C. HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis- Acute Nephritis- Mastoiditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) .....yrs. 1 mos. .....ds.

(Signed) J. H. Watkins M. D.

(Coroner)

5/20/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial May 22 1928

20 UNDERTAKER Robt J. Turner ADDRESS 1442 N Broadway

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34107

E 34107

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Annie Flynn

(a) RESIDENCE NO. 705 W. 29th. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 18, 1875

7 AGE — Years: 53 — Months: 1 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Daniel Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary J. Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Married E. Flynn

(Address): Brantley & Baltimore Md.

15 Filed ... 19.. C. HARRISON JONES, M. D. Registrar

ZT 1928 Rhyl.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1928 to May 20, 1928

that I last saw her alive on May 20, 1928

and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) ... yrs. ... mos 20 ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) ?, yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Clinical Exam.

What test confirmed diagnosis? No autopsy

(Signed) Louis T. Lavy, M. D.

5/23 19 28 (Address) W. Balto & Hop.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 24 May 23 1928

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. North Ave

Spec.—1-12-23—M&T—500 Blks.

E 34108 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

REGISTERED NO. 12-50

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret J. Wilson

(a) RESIDENCE NO. 2843 St Paul ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~: Widowed

5a If ~~married~~, widowed, ~~or divorced~~ (HUSBAND) of (or) WIFE of: Dr Louis N. Wilson

6 DATE OF BIRTH (month, day, and year): July 24th 1859

7 AGE: Years 68 | Months 9 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Princess Anne Md

PARENTS

10 NAME OF FATHER: Robt N. Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Princess Anne Md

12 MAIDEN NAME OF MOTHER: Sallie Lane Bowland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Princess Anne Md

14 Informant: Thos N. Harrison

(Address) 2843 St Paul St

15 Filed MAY 21 1928. [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 1928

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to May 20, 1928, that I last saw her alive on May 20, 1928, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of transverse colon

(duration) 1 yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) Perforation + peritonitis (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of ...

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy + Operation

(Signed) Francis H. Langley, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: May 23 1928

20 UNDERTAKER: Henry H. Jenkins Sons Co. — ADDRESS: McCulloh & Orchard Sts

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34109

CERTIFICATE OF DEATH.

E 34109

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1509 Hilton St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. MacLea

(a) RESIDENCE NO. 1509 Hilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robt H. MacLea

6 DATE OF BIRTH (month, day, and year): Mar 5 1868

7 AGE — Years: 60 Months: 2 Days: 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Smith.

11 BIRTHPLACE OF FATHER (city or town): Pa. (State or country)

12 MAIDEN NAME OF MOTHER: Amanda Weiand

13 BIRTHPLACE OF MOTHER (city or town): Pa. (State or country)

14 Informant: Robt H. MacLea (Address) 1509 Hilton

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. B. Linthicum M. D. (Coroner)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: May 24 1928

20 UNDERTAKER: George N. Jerkler — ADDRESS: 1737 E. Eager St.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34110

## CERTIFICATE OF DEATH.

49 E 34110

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 5 WARD)

2-FULL NAME Joseph Slater.

(a) RESIDENCE NO. 1414 N Gay St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alverta Slater

6 DATE OF BIRTH (month, day, and year): Feb 15 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 68 | 3 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mrs. Annie Kirby

(Address) 2629 E. Monument St.

Filed , 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1928, to May 19, 1928,

that I last saw him alive on May 19, 1928,

and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cystitis; Tapeworm

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) William Patrick O'Leary, M. D.

5/19, 1928 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Silver Run, Carroll Co. Md.

DATE OF BURIAL: May 21 1928

20 UNDERTAKER: George W. Zirkler

ADDRESS: 1737 E. Eager St.

THOMAS JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

2E 40 34111 — E 34111

REGISTERED NO.

1—PLACE OF DEATH: JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-9 (WARD) ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eileen Watson

(a) RESIDENCE NO. Lusby P.O. ST., Calvert WARD Co - Md - (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 5th 1923

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 5 | 0 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md — (State or country)

PARENTS

10 NAME OF FATHER Rayner Watson

11 BIRTHPLACE OF FATHER (city or town) Md — (State or country)

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md — (State or country)

14 Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 21 1928 [illegible] JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to May 20, 1928, that I last saw her alive on May 20, 1928, and that death occurred, on the date stated above, at 8 08a m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Extension to retroperitoneal lymph glands

(duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of May 13th.

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) R Hooper Lovett, M. D.

, 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Paul Cemetery Calvert Co Md | May 21st 1928 |
| 20 UNDERTAKER E Schloman & Sons | ADDRESS 1039 Hanover St |

Cor.—12-9-25—A Co.—200 Blks.

E 34112

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

118-002

REGISTERED NO. E 34112

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Rhodes

(a) RESIDENCE NO. 13 W York St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: col.

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 2/27

7 AGE: Years: 7 Months: Days: 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Aaron Rhodes

11 BIRTHPLACE OF FATHER (city or town):

(State or country): S.C.

12 MAIDEN NAME OF MOTHER: Irene Johnson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto., Md.

14 Informant: Mother

(Address)

15 Filed MAY 21 1928 19 HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-post operative

Intussusception (intestine)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

(Address) 5/19/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct Date of Burial: May 21 1928

20 UNDERTAKER: H. A. Brown & Son ADDRESS: Monroe

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34113

E 34113

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 1146 Russell St.) (Ward) 21-29

REGISTERED NO. 100-981

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm C Neal

(a) RESIDENCE NO. 1146 Russell St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20 1926

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 1 | 4 | 28 |

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) md

PARENTS

10 NAME OF FATHER Harry Brooks

11 BIRTHPLACE OF FATHER (City or town)

(State or country) md.

12 MAIDEN NAME OF MOTHER Mary Neal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) md

14 Informant Mary Neal

(Address) 1146 Russell St.

15 Filed 21 1928 H. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/14, 1928, to 5/18, 1928, that I last saw him alive on 5/17, 1928, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Recurrent Convulsions

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Clinical

(Signed) H. Hamilton Jones M. D.

5/18 1928 (Address) 908 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Mt Auburn | May 21 1928 |
| 20 UNDERTAKER S. F. Brown's Son | ADDRESS |

Very important. See instructions on back of certificate.

Spec.—1-12-25—MAT—500 Bks.

E 34114

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34114

## CERTIFICATE OF DEATH.

101-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Carroll St. 21-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard A. Ward

(a) RESIDENCE NO. 1145 Carroll ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Olive M. Ward

6 DATE OF BIRTH (month, day, and year) Mar 24. 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 1 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) U. R. R.

(c) Name of employer United Railways

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Asa Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Ida E. Hardesty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Olive M. Ward

(Address) 1145 Carroll St.

15 Filed 21 1928. 19 [illegible] JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1928, to May 17, 1928, that I last saw him alive on May 17, 1928, and that death occurred, on the date stated above, at 12.15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

5/19, 1928 (Address) 54 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ~~Loudon Park~~ Loudon Park

DATE OF BURIAL May. 21 1928.

20 UNDERTAKER F. W. & Wm. John H. Deufel & Son

ADDRESS 801 N. Fayette

Spec.-7-17-26—A Co.—200 Bks.

E 34115

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

12 9

E 34115

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 16-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence H Bosley

(a) RESIDENCE NO. 2807 Winchester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 6 mos. 1 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 18, 1893

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 6 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Milton W. Bosley & Co

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Wm R. Bosley

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Rachael A. Billingsley

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mr. Milton W. Bosley

(Address) 2915 Winchester St.

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19/28

17 I HEREBY CERTIFY, That I attended deceased from 5/5/28, 19..., to 5/19/28, 19...,

that I last saw h~~e~~/alive on 5/19/28, 19...,

and that death occurred, on the date stated above, at 10 32 pm m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (duration) Unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death? ~

Did an operation precede death? ~ Date of ~

Was there an autopsy? ~

What test confirmed diagnosis? Clinical

(Signed) J. S. Wonstag, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| London Park Cem. | May 22, 28 |
| 20 UNDERTAKER | ADDRESS |
| Wm Fleckner & Sons | Norfolk Va |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34116

## CERTIFICATE OF DEATH.

E 34116

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Darley Ave ST., 9 WARD)

2-FULL NAME Daisy Emma Wickland

(a) RESIDENCE NO. 1607 Darley Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Christian Wickland

6 DATE OF BIRTH (month, day, and year): Nov. 26 1882

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 5 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: John Rigney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Anna Alban

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mr. Christian Wickland

(Address) 1607 Darley Ave.

15 Filed 1928 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/19, 1928, to 5/19, 1928, that I last saw her alive on 5/19, 1928, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Diabetes, & Hypertension

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) [illegible], M. D.

, 19 (Address) 9 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: May 22 1928

20-UNDERTAKER: Wm. Pickeer Sons

ADDRESS: Lonelocke

Cor.—13-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34117

## CERTIFICATE OF DEATH.

31

E 34117.
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1346 N Stricker St. 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Starks

(a) RESIDENCE NO. 1346 N. Stricker St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): April 1910

7 AGE — Years: 18 — Months: 1 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Roy Starks

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Sylvia

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Laura Brightwell

(Address): 1346 N Stricker

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) T. C. Leith M. D.

(Coroner)

18 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. Calvary Cem — Date of Burial: 5/21/28

20 UNDERTAKER: Frank Easton — ADDRESS: 1 Pear 16

21 1928 C. BALTIMORE

...ec.—2-29-28—L. F. S.—500 Bks.

14/07 E 34118

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

32

E 34118

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 4-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Ladson

(a) RESIDENCE NO. 210 N - Stricker ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 3-1-25

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 3 | 2 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Frank Ladson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S-C -

12 MAIDEN NAME OF MOTHER Ella Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S-C

Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

MAY 21 1928 File HARRISON L. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 - 28

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 18, 1928, that I last saw him alive on May 18, 1928 and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis - miliary

(duration) yrs. 5 mos. 17 ds.

CONTRIBUTORY (Secondary) Tuberculosis meningitis

Duration: Not known (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Tubercle bacilli in sputum, spinal fluid etc.

(Signed) J. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cem | 5/21/28 |
| 20 UNDERTAKER | ADDRESS |
| Dant Eastern | 916 Ga ave |

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34119

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

5-21 129 E 34119

REGISTERED NO.

CITY OF BALTIMORE: (No. 1508 N. Gilmor ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ball.

(a) RESIDENCE No. 1508 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known.

6 DATE OF BIRTH (month, day, and year): 1838

7 AGE: Years 90 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): not known

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: John H. Patterson (Address) 1508 N. Gilmor St. Baltimore Md.

15 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 10 1928, to May 19 1928, that I last saw her alive on May 17th 1928, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry F. Brown, M. D.

5/19 1928 (Address) 1916 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Va

DATE OF BURIAL: May 23 1928

20 UNDERTAKER: Samuel Hirsh

ADDRESS: 1125 E. Balto

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Mongahood ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34120

## CERTIFICATE OF DEATH

90

E 34120

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Montpelier ST. 9-4 WARD)

2—FULL NAME Agnes D Schreiber

(a) RESIDENCE NO. 931 Montpelier ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph A Schreiber

DATE OF BIRTH (month, day, and year) May 13 1883

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 0 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Balto Md

10 NAME OF FATHER Rudolph Bittler

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Agnes Mac Cubbin

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

Informant Rudolph Schreiber

(Address) 931 Montpelier St

Filed MAY 21 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I attended deceased from April 7th 1928 to May 18th 1928

that I last saw her alive on May 18th 1928

and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Thyrocarditis and Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) E W Montgomery M.D.

5/20/28 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western | May 22 1928 |
| 20 UNDERTAKER E W Cook | ADDRESS 502 N Howard |

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34121

101-001

E 34121

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 416 S Wolfe ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen M Allen

(a) RESIDENCE NO. 416 S. Wolfe ST., WARD

(Usual place of abode) (If non-resident give City or Town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (Write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Apr 17/28

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 2 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER John H Allen

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Ida M Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

Informant John H Allen

(Address) 416 S. Wolfe St

Filed [illegible] 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17/28

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 14, 1928, that I last saw him alive on May 14, 1928, and that death occurred, on the date stated above, at 6:15 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carbuncle of Left Side

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

May 19 28 (Address) 1623 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Carmel | May 21 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm. Cook | 502 E Monument |

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34122 ✓ E 34122

## CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Tug Louis M. Price, Pier #3 Locust Point. St. 7-2 Ward)

2-FULL NAME Joseph Simms.

(a) RESIDENCE NO. 3231 E. Baltimore St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mes. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXX Elizabeth E. Simms.

6 DATE OF BIRTH (month, day, and year) February 2, 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | 3 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe fitter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Simms.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Christine Sinkler.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Charles Schock. (son in law)

(Address) 3231 E. Baltimore St.

15 Filed 2 1928 19 H. A. Koontz, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Steinhardt M. D.
(Coroner)

5/21 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial May 22 1928

20 UNDERTAKER John J. Cowardin & Son ADDRESS 901 Hanover

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34123

## CERTIFICATE OF DEATH.

129 E 34123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E Clement ST. 24 WARD 23)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Birdie Virginia Howard

(a) RESIDENCE No. 411 E. Clement ST., 24 WARD 23

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Herman E. Howard

6 DATE OF BIRTH (month, day, and year): 4/21/1875

7 AGE: Years 53 Months 1 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: R. Betson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md.

12 MAIDEN NAME OF MOTHER: M. Nottingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mr. Howard E. Howard (Address) 411 E Clement

Filed 5-21-1928 19 H. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 17, 1928.

that I last saw her alive on May 17, 1928,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Chronic Bright's disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell, M. D.

5/19, 1928 (Address) 1279 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross M. P. Co. DATE OF BURIAL 5/21/1928

20 UNDERTAKER: Jno. F. Sahm & Sons ADDRESS 1818 Light St.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34124

E 34124

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1813 Park ave St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Tucker

(a) RESIDENCE NO. 1813 Park ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 3. 1854

7 AGE: Years 73 Months 6 Days 16, IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: John H. Tucker

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Jane D. Hill

13 BIRTHPLACE OF MOTHER (City or town): Md

(State or country)

14 Informant: James A. O. Tucker

(Address): 1813 Park Ave

Filed MAY 21 1928 HAMPSON JONES, M. D. Registrar

Hill

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: May 19. 1928

17 I HEREBY CERTIFY, That I attended deceased from March 15 1928 to May 19 1928,

that I last saw h. alive on May 14 1928,

and that death occurred, on the date stated above, at 6.10 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): Duration

(duration) yrs. mos 10 ds.

18 Where was disease contracted —

if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X Ray

(Signed) Harry S Bacon, M. D.

. 19 (Address) St Paul & 23rd Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Date of Burial: May 21 1928

20 UNDERTAKER: John O. Mitchell ADDRESS: Funeral Parlors Eutaw & Pleasant

pec—12-23-21—E.B.R.S.—400 Bks.

34125

# HEALTH DEPARTMENT—CITY OF BALTIMORE

5 E 34125

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1957 N. Patterson Pk. Ave. St., 6-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Henry Kuchling

(a) Residence No. 1957 N. Patterson Pk. Ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced (~~HUSBAND of~~ or) WIFE of Alice Kuchling

6-DATE OF BIRTH (month, day and year) July 25 01

7-AGE. 26 yrs. 9 mos. 24 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer) Postal Tel Co.

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), City

PARENTS.

10-NAME OF FATHER, Frank Kuchling

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Alice Kuchling

(Address) 1957 N. Pat. Pk Ave

15- Filed 21 1928 C. HAMPSON JONES, M. D. Registrar.

RLH.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 19-1928

I HEREBY CERTIFY, That I attended deceased from April 13, 1928 to May 19, 1928

that I last saw him alive on May 19, 1928

and that death occurred, on the date stated above, at 11[15] A.M.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs. 1 mos. 6 ds. Acute

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs - heart

(Signed) Willard S Parson, M. D.

, 19 (Address) Halethorpe Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore DATE OF BURIAL, 5-22 1928

20-UNDERTAKER, Philip Henry ADDRESS 2016 Orleans St

pec.—2-29-28—L. F. S.—500 Blks.

E 34126

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34126

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1650 Appleton ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rebecca Goldstein

(a) RESIDENCE NO. 1650 Appleton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? 57 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | w | widow |

If married, widowed or divorced
HUSBAND of
(or) WIFE of Samuel Goldstein

DATE OF BIRTH (month, day, and year) Quebec

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 57 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER David Tody

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Joseph Yates

(Address) 1650 Appleton St

Filed MAY 21 1928 HERMAN JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1928

17

I HEREBY CERTIFY, That I attended deceased from May —, 1926, to May 20th, 1928, that I last saw her alive on May 20th, 1928 and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harris Goldman, M. D.

5/20, 1928 (Address) 184 W. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int Cemetery

DATE OF BURIAL Fri 1928

20 UNDERTAKER Jacob Lewis

ADDRESS 1439 Eastern

Spec.—1-12-23—M&T—500 Blks.

E 34127.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

86-00 E 34127

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Brunt ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Butler

(a) RESIDENCE NO. 1833 Brunt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3-1926

7 AGE: Years 1 | Months 4 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None (Child)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Samuel Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Iola Swan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Samuel Butler (Address) 1833 Brunt St

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/20 1924

17

I HEREBY CERTIFY, That I attended deceased from 5/20, 1924, to 5/20, 1924, that I last saw h alive on 5/20, 1924, and that death occurred, on the date stated above, at 4 PM

The CAUSE OF DEATH* was as follows:

A. Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) A. Colitis Medica

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burk Rhett M. D.

5/21, 1924 (Address) 21 W Dr St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hill Md

DATE OF BURIAL: 5-22 1924

20 UNDERTAKER: Eno T. & Gibson

ADDRESS: 1733 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

Miller

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34128

## CERTIFICATE OF DEATH.

90 E 34128

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Harford Road ST., 9-46 WARD)

2-FULL NAME Mary Elizabeth Miller

(a) RESIDENCE NO. 2814 Harford Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward N. Miller

6 DATE OF BIRTH (month, day, and year) March, 31 1837

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 91 | 2 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Alexander Suter

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

PARENTS

14 Informant Charles W. Mc Kevin

(Address) 2814 Harford Road

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May, 19th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 19, 1928, that I last saw her alive on May 19, 1928, and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Organic heart disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ~~~

Was there an autopsy? ~~~

What test confirmed diagnosis? Clinical

(Signed) Jules J. Kinzer, M. D.

5/20, 1928 (Address) 2700 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | May 22 1928 |

UNDERTAKER Joseph L. Cook

ADDRESS 1003 W. Baltimore St.

Spec.—1-12-23—M&T—500 lbs.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34129

## CERTIFICATE OF DEATH.

E 34129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3155 Frederick Ave. ST. WARD 1)

2-FULL NAME Anna A. Stewart

(a) RESIDENCE NO. 3155 Frederick Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Stewart

DATE OF BIRTH (month, day, and year) Aug. 25-1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 8 | 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Maryland

10 NAME OF FATHER Joseph Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Wm. Wilbur C. Cadle

(Address) 118 Southwood Ave. Catonsville Md.

Filed MAY 21 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1928.

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to May 20, 1928, that I last saw her alive on May 20, 1928 and that death occurred, on the date stated above, at 5 15 P m

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

indefinite

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cerebral thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) Fred T. Kyser, M. D.

, 19 (Address) 3321 Fredrick ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salem Cemetery Catonsville DATE OF BURIAL: May 22 28

20 UNDERTAKER: George L. Schwatz ADDRESS: 2101 Eutaw Ave

Spec. 1-10-21 M&T 1500 Bks.

E 34130

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-801 E 34130

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1322 Fremont Ave. 15-10 (WARD)

2-FULL NAME Bayly (girl) Gracey

(a) RESIDENCE NO. 1322 Fremont Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | black | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6, 19, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day 19 hrs or 15 min. |
|---|---|---|---|---|
| — | — | - | - | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) good

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER George Manion Gracey

11 BIRTHPLACE OF FATHER (city or town) [illegible]
(State or country) Va

12 MAIDEN NAME OF MOTHER State

13 BIRTHPLACE OF MOTHER (city or town) Richmond,
(State or country) Va

14 Informant Virginia Lee State
(Address) 1322 Fremont Ave.

15 Filed ..... 19 .....

HARRISON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1928

17 I HEREBY CERTIFY, That I attended deceased from — , 19 , to — , 19 ,
that I last saw h alive on — , 19 ,
and that death occurred, on the date stated above, at 8:00 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Alexander Hovey, M. D.

, 19 (Address) 15-16 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. F. Anthony — DATE OF BURIAL 5/21/1928

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34131 E 34131

## CERTIFICATE OF DEATH

REGISTERED NO. 44

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Sutton

(a) RESIDENCE NO. 311 W. 25th St., St.. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 20 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Aubrey Sutton

6 DATE OF BIRTH (month, day, and year): 4-29-1864

7 AGE — Years: 63 Months: 7 Days: 20 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Patrick Carr

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Flannigan

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Hosp Records

(Address)

15 Filed 1928 19 C. HARRISON JONES M. D. Registrar

Per Rec'd

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 5-19-28

17 I HEREBY CERTIFY, That I attended deceased from 5-5-28, 19, to 5-19-28, 19, that I last saw h alive on 5-19-28, 19, and that death occurred, on the date stated above, at 5:00 p m.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach + Liver and Cystic duct.

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 5-9-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Jennings M. D.

, 19 (Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: May 22 1928

20 UNDERTAKER: William G. Schaeffer ADDRESS: 1866 E. Monument

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34132

CERTIFICATE OF DEATH.

162

E 34132

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Brown

(a) RESIDENCE NO. 631 W. Redwood St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| White | Male | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3, 1928.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Beatrice Pense

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Charles Brown

(Address) 631 W. Redwood St.

15 Filed _____ 19____ C. HARRISON JONES, M. D. Registrar

For _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Congenital Atelectasis.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Eugene Feter M. D.
(Coroner)

5/21 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weems Creek Cemetery Annapolis Date of Burial 2nd May 22 1928

20 UNDERTAKER John Grebhauskas ADDRESS 423. S. Paca St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34133

## CERTIFICATE OF DEATH.

E 34133

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pennington Ave & Poplar St. Curtis Bay. 20-27

2-FULL NAME Anna M. Kastner.

(a) RESIDENCE NO. 1850 W. Fayette St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 0 mos 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| ~~Female.~~ | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) May 4, 1909

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 19 | 0 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael J. Kastner.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Spindler.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Michael Kastner. (father)

(Address) 1850 W. Fayette St.

19 .... CHAS. H. JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull
Struck by an Automobile recklessly driven
Homicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signature) Otto M. Lembardt M. D.

(Coroner)

5/21 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial 5/22 1928

20 UNDERTAKER Lange & Farley Fulton & Fayette ADDRESS

pec.—1-12-23—M&T—500 Bks.

E 34134

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34134

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1157 W. Hamburg St. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L. Knitt

(a) RESIDENCE No. 1157 W. Hamburg ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Knitt

DATE OF BIRTH (month, day, and year) May 31. 1861

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 1 | 19 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co. Md

10 NAME OF FATHER Joseph. Schenl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Annie M. Foreacre

(Address) 1157 W. Hamburg St.

Filed ..... 19 ..... Registrar .....

1928 — 1654

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1928

17 I HEREBY CERTIFY, That I attended deceased from May 7, 19 28, to May 19, 19 28, that I last saw h alive on May 19, 19 28 and that death occurred, on the date stated above, at 7 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cong

(duration) — yrs. — mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) — M. D.

May 21, 19 28 (Address) 317 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL May. 1928.

20 UNDERTAKER By Mrs. John W. Deufel Son

ADDRESS 801 N. Fayette St.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34135

## CERTIFICATE OF DEATH.

E 34135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. N. 22 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Ricklin

(a) RESIDENCE NO. 3830 Bank ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29, 1927

7 AGE — Years: | Months: 10 | Days: 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Bernard Ricklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett J Gronmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harriett J. Ricklin
(Address) 3830 Bank St

15 Filed 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/1928

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to May 21, 1928, that I last saw h[illegible] alive on May 21, 1928, and that death occurred, on the date stated above, at 11-35 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 3½ mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) C. H. Finkelstein, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: 5/24 1928

20 UNDERTAKER: W. M. Cook — ADDRESS: 507 E Monument

pec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34136

## CERTIFICATE OF DEATH

164 E 34136

1—PLACE OF DEATH Sieling Sanitarium

REGISTERED NO.

CITY OF BALTIMORE: (No. Norwood Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella M Mayes

(a) RESIDENCE NO. 5205 Gwynn Oak Ave ST.,

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Apr 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 1 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Robert Mayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs L B Reed

(Address) 5205 Gwynn Oak Ave

Filed MAY 24 1928 . 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21/28

17

I HEREBY CERTIFY, That I attended deceased from March 12 19 28 to May 20 19 28

that I last saw h live on May 20 19 28

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Senile Dementia

(duration) ? yrs. 8 mos. 0 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. A. Thomas, M. D.

May 21, 19 28 (Address) 907 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk

DATE OF BURIAL: May 23, 19 28

20 UNDERTAKER: Wm Cook.

ADDRESS: 502 E York

Spec.—1-10-21—M&T—1500 Bks.

E 34137 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Woodyear St. 15-13 WARD) REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hall

(a) RESIDENCE No. 1332 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Born yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) July 7 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 10 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Phillip Hall

11 BIRTHPLACE OF FATHER (city or town) A A Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Roberta Hughes

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Phillip Hall (Address) 1332 Woodyear

1928 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to May 21, 1928, that I last saw him alive on May 19, 1928, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey, M. D.

5/21, 1928 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL May 22 1928

20 UNDERTAKER Thomas E. Nelson ADDRESS 1332 Pitcher

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34138

## CERTIFICATE OF DEATH.

E 34138

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pennington Ave. & Poplar St. Curtis Bay. 25-27

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Truffer.

(a) RESIDENCE NO. 1309 Patapsco Ave. Curtis Bay St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 21, 1906

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 22 | 1 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Ferdinand A. Truffer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary E. Burns.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Ferdinand A. Truffer. (father)

(Address) 1309 Patapsco St Curtis Bay.

15 Filed 5 22 1928 C. HAMILTON JONES, M. D.

Per [illegible] Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull

Struck by an Automobile recklessly driven Homicide

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Bernhardt M. D.

(Coroner)

5/21, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a a Co Date of Burial 5 22 1928

20 UNDERTAKER E. B. Hartz ADDRESS 115 E. West St.

Spec.—1-12-23—M&T—500 Blks.

E 34139

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34139

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (WARD)

REGISTERED NO. 28-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Mackintosh

(a) RESIDENCE NO. 924 Leadenhall st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 24 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER John Mackintosh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Hospital Records (Address)

15 Filed MAY 22 1928 C. RAMSAY JONES Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1928, to May 18, 1928, that I last saw h im alive on May 18, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis Empyema (duration) Unknown

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) L. H. Madden, M. D.

5-18-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL May 22 1928

UNDERTAKER A L Brown's Son — ADDRESS 108 W Mount St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34140

## CERTIFICATE OF DEATH.

E 34140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 So. Brunswick St. Ward)

2-FULL NAME Eileen Shea

(a) RESIDENCE NO. 528 So. Brunswick St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11th 1926

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 10 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Shea

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine Allen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Joseph Shea

(Address) 528 Brunswick St.

15 Filed MAY 22 1928 19 JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 12 hrs.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 3 ds.

(Signed) Leo "B." Norton M. D.

May 21st 1928 (Coroner)

(Address) Curtis Bay, Md.

*State the Disease Causing Death, or Deaths Resulting from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial May 22 1928

20 UNDERTAKER George L. Schwab ADDRESS 518 Fulton Ave.

...—2-29-28—L. F. S.—500 Bks.

13788

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34141

## CERTIFICATE OF DEATH

E 34141

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-1 WARD)

2—FULL NAME Henry Wolf

(a) RESIDENCE NO. Salisbury - Md ST., WARD
(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (~~write the word~~) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Dorothy Enbinger

ATE OF BIRTH (month, day, and year) Sept 11-1896

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 31 | 8 | 10 11 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Henry S. Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rose Shukes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

Filed ... 19... 15 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28-1928

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1928, to May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 2.44 A.m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of skull
cause undetermined

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Epidural Abscess, Bilateral Lateral Sinus Thrombosis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/17/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) J. D. Hart, M. D.

5/21, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem — DATE OF BURIAL May 23 1928

20 UNDERTAKER John Ulrich — ADDRESS 208 Elam

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34142

## CERTIFICATE OF DEATH

49

E 34142

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1620 N. Monroe 15-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Morris Kligman

(a) RESIDENCE NO. 1620 N. Monroe ST., ..... WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Lundower

DATE OF BIRTH (month, day, and year) [illegible]

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 68 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hebrew Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Rz Russia

BIRTHPLACE (city or town) (State or country) .....

10 NAME OF FATHER Abraham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dora

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Harry Goldmer

(Address) 1620 N. Monroe

Filed ..... 1928 H. A. KOONTZ, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to May 21, 1928, that I last saw h... alive on May 21, 1928, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Kidney

Contributory Edema

..... (duration) 1 yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

May 21, 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Hebrew Cem. | 5/22/28 |
| 20 UNDERTAKER | ADDRESS |
| Jack Levin | 1439 E. Baltimore |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34143
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 34143
REGISTERED NO.

City of BALTIMORE: (No. 1624 Ellsworth St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Blake

(a) RESIDENCE NO 1624 Ellsworth St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 Color or Race: Colored
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob H. Blake

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of indnstry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town): Balt. Md.
(State or country)

PARENTS

10 NAME OF FATHER: John Gibson
11 BIRTHPLACE OF FATHER (city or town)
(State or country): unknown
12 MAIDEN NAME OF MOTHER: unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country): unknown

14 Informant: Jacob H. Blake
(Address): 1624 Ellsworth St

15 Filed ..... 19 ..... HAMPTON JONES, M. D.
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocarditis
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Reported Fright
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Falen M. D.
(Coroner)
19 (Address) 508 E. North Ave
5/22/25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Date of Burial: May 24 19 25

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 467 N. Carolina St

Cor.—12-9-26—A Co.—200 Blks.

Thament.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34144

## CERTIFICATE OF DEATH.

113

E 34144

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2729 East N St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Thament

(a) RESIDENCE NO. 2729 East N St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced.. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 15 1927

7 AGE: Years — Months 8 — Days 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thos. C Thament

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Bertha R. Jones

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimd.

14 Informant Bertha R. Thament

(Address) 2729 East ave

Filed MAY 22 1928 Registrar.

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Injury (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Skull fracture

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Operation

(duration) ..... yrs. ..... mos. 7 ds.

May 22 1928 (Signed) G C Yates M. D.

(Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos., ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem — Date of Burial: May 22 1928

20 UNDERTAKER: Geo. W. Zinkler — ADDRESS: 737 E Eager

Spec.—1-10-21—M&T—1500 Bks.

may 20

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34145

101-001 E 34145

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 912 Fawn ST. 35 WARD)

2-FULL NAME Carmello Rizzo

(a) RESIDENCE NO. 912 Fawn ST., 3 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. 15 mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nina Rizzo

6 DATE OF BIRTH (month, day, and year) Jan 16 1889

7 AGE 39 Years 4 Months 16 Days If LESS than 1 day, hrs or min.

38

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Peter Morroco

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Carmello Rizzo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Aragona Carmello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Nina Rizzo

(Address) 912 Fallon st

15 Filed MAY 22 1928 H. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-14-28, 1928, to 5-20, 1928, that I last saw him alive on 5-20, 1928, and that death occurred, on the date stated above, at 8 a-m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Salvatore Colucci, M. D.

5-22 1928 (Address) 6604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL may 23 1928

20 UNDERTAKER Frank V. Pistone

ADDRESS 2015 E. Baltimore st

Cor.—12-8-25—A Co.—200 Bks.

E 34146

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34146

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at 9-46

City of BALTIMORE: (No.) Johns Hopkins Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sebastiano Farina

(a) RESIDENCE NO. 1735 Montpelier St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Farina

6 DATE OF BIRTH (month, day, and year) Mar 15/1894

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 34 | 2 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Sebastiano Farina

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Thersa Chincoto

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Guilinao Musotto

(Address) 124 S. Robinson St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MAY 22 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Died in Broadway Market)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.

(Coroner)

5/21/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial Aug 23 1928

20 UNDERTAKER Frank V Pepitone — ADDRESS 281 S Ballo St

pec.—2-29-28—L. F. S.—500 Blks.

E 34147.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54 003

E 34147.

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 135 S. East Ave St., 16-V WARD)

2—FULL NAME Harry J Samuels

(a) RESIDENCE NO. 135 S East Ave St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 2. 1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 19 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Harry J Samuels

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Emma Yates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Harry J Samuels

(Address) 135 S East Ave

Filed 22 1928 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 14 h. 1928. to May 21, 1928.

that I last saw h alive on May 21, 1928

and that death occurred, on the date stated above, at 915 P m.

The CAUSE OF DEATH* was as follows:

Cerebral atrophy
Cerebral Hemorrhage

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Alexander Bagley Jr. M. D.

, 19 (Address) Catonsville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn — DATE OF BURIAL 5/22 1928

20 UNDERTAKER Wm Cook — ADDRESS 516 E Monument

pec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34148 44 E 34148

## CERTIFICATE OF DEATH.

23-33

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 S. Charles ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie R. Sanford

(a) RESIDENCE NO. 931 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Sanford

DATE OF BIRTH (month, day, and year) May 28, 1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 72 | 11 | 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Wicomico Co. Md.

10 NAME OF FATHER Noah Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Elizabeth Blizzard

(Address) Halethorpe, Md.

Filed 5-22-1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927, to May 19, 1928, that I last saw h alive on May 19, 1928, and that death occurred, on the date stated above, at 4.05 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Obstruction of Bowel. (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Charles W. Hampson M. D.

, 19 (Address) 827 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL May 22 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light

Spec.—1-12-23—M&T—500 Blks.

E 34149. HEALTH DEPARTMENT—CITY OF BALTIMORE E 34149.

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Mount St., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lula Cole

(a) RESIDENCE NO. 914 N Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | Col'd | Widow |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1876

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Wesley Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Grace Taylor

(Address) 1220 N Fulton

Filed May 27 1928 H. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20. 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 20, 1928, that I last saw h alive on May 19, 1928, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Oesophagus

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Duration

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

May 22/28 , 19 (Address) 939 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem

DATE OF BURIAL 5/22 1928

20 UNDERTAKER Dulin Eastern

ADDRESS 916 Pa Ave

ec.—2-29-28—L. F. S.—500 Bks.

E 34150

# HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 34150

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1624 Appleton ST. 15-21 WARD)

2—FULL NAME Rubin Bellus

(a) RESIDENCE NO. 1624 Appleton ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth 47 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Bellus

DATE OF BIRTH (month, day, and year) May 5/1875

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER B. Bellus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Leah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Rebecca Bellus

(Address) 1624 Appleton St

Filed 5-22 1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/20/28

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 20, 1928

that I last saw him alive on 5/20/28 8:30 PM, 1928

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Nathan Bell M. D.

5/22, 1928 (Address) 1715 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Lebanon Cem | 5-22-1928 |
| 20 UNDERTAKER | ADDRESS |
| Jack Lewis | 1439 Eastern Ave |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34151

## CERTIFICATE OF DEATH.

E 34151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat ST., 25th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Lacy

(a) RESIDENCE NO. ~~Mt Hope Retreat~~ 4005 Forrhill Ave. ST. 25th WARD Ft Arlington

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ or (or) WIFE of Mr Lacy -

6 DATE OF BIRTH (month, day, and year) Not Known

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| Abt | 70 | 0 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer) Home work -

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md -

PARENTS

10 NAME OF FATHER James Golden

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Ireland

12 MAIDEN NAME OF MOTHER Margaret C. Golden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?) Ireland

14 Informant (Address) Records of Mt Hope Md -

15 Filed 2 2 1928 19 H. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 18- 1927 to May 21 1928

that I last saw h.r alive on May 21 1928

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis - Post Cerebral Hemorrhage -

since Nov 1927.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis -

Abt (duration) 6 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cemetery | May 24, 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hoeck & Son | 1301 E Eager St |

Spec.—1-12-23—M&T—500 Bks.

Bonn

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34152 90 E 34152

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 Wilson ST. 14-20 WARD)

2-FULL NAME E. Virginia Bonn

(a) RESIDENCE NO. 140 Wilson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) December 19, 184-

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | 5 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Anthony Bonn

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Ring

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Katie Grey McClellan

(Address) 140 Wilson Street

May 22 1928 HARRISON JONES M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 19 28

17

I HEREBY CERTIFY, That I attended deceased from April 19, 1928, to May 20, 1928.

that I last saw her alive on May 20, 1928

and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with failure of Compensatory hypertrophy (Senile)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Harrison M. D.

May 24, 1928 (Address) 1515 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount Cemetery | May 22 19 28 |
| 20 UNDERTAKER Lois B. Cook | ADDRESS 1003 West Baltimore St |

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34153

## CERTIFICATE OF DEATH

E 34153

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen. Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Baer

(a) RESIDENCE NO. Belvidere Apt. Brooks Lane, Baltimore Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Baer

6 DATE OF BIRTH (month, day, and year): June 6, 1855

7 AGE: Years 72 Months 11 Days 14 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Lewis Baer

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rose Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hosp Records

15 Filed 2 1928 C. HAMPSON JONES, M. D. Registrar

Per Rolf

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May, 20 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5/17/28, 19, to 5/20/28, 19, that I last saw h. alive on 5/20/28, 19, and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH was as follows: Carcinoma of lung

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of 5/17/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno G Young, M. D.

5/20, 19 (Address) 1 E Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem

Date of Burial: 5/23/1928

20 UNDERTAKER: David Sondheim

ADDRESS: 115 Saw Mo Royal Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34154 CERTIFICATE OF DEATH. 90 E 34154

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp ST.) WARD)

2-FULL NAME Frederick J. Wimpling

(a) RESIDENCE NO. Ferndale Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | White | Married |

6 If married, widowed, or divorced HUSBAND of or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1888

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 40 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Andrew Wimpling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Katherine Facey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Balto City Hosp. Records (Address)

Filed 22 1928 H. HAMPTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 2-29, 1928, to 5-20, 1928, that I last saw h alive on May 20, 1928, and that death occurred, on the date stated above, at 7 05 A m.

The CAUSE OF DEATH* was as follows: Bacterial Endocarditis

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis Angina Pect. Bronchitis (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes What test confirmed diagnosis? Clinical & Autopsy

(Signed) L. Emmadinger, M. D.

5-20 1928 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Maternal Cemetery

20 UNDERTAKER David E Easton

DATE OF BURIAL 5/22 1928

ADDRESS 916 Park

-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

3 1 E 34155

## CERTIFICATE OF DEATH

34155

1—PLACE OF DEATH Baltimore Md. REGISTERED NO.

CITY OF BALTIMORE: (No. 1812 Cagle ST. 14-21 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edna May Hines

(a) RESIDENCE NO. 1812 Cagle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8y yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 11-21-25

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 2½ Yrs | 6 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER John Hines

11 BIRTHPLACE OF FATHER (city or town) Rocky Mount (State or country) N. C.

12 MAIDEN NAME OF MOTHER Jennie Pollet

13 BIRTHPLACE OF MOTHER (city or town) Rocky Mt. (State or country) N. C.

Informant Jennie Hines

(Address) 1812 Cagle St.

Filed MAY 22 1928 HARRISON JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 21 May 1928

17 I HEREBY CERTIFY, That I attended deceased from 8 May, 1928, to 21 May, 1928, that I last saw her alive on 21 May, 1928 and that death occurred, on the date stated above, at 5 A - m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilitation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm. Booth, M. D.

21 May, 1928 (Address) 2560 Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: 5-22-1928

20 UNDERTAKER: Chas. G. Cooper — ADDRESS: 514 N. Calhoun St

pec.—1-12-23—M&T—500 Bks.

E 34156 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34156

C.C.

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) (St.) 5 4 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Williams

(a) RESIDENCE No. 1412 McElderry st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

6 If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Williams

DATE OF BIRTH (month, day, and year) 1893

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Hospital Records

(Address)

MAY 22 1928 Filed C. HARRISON JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 17, 1928, that I last saw her alive on May 17, 1928, and that death occurred, on the date stated above, at 1.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory

(Signed) L. Eumadine, M. D.

5-17-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 5/22 1928

20 UNDERTAKER J. J. Raby & Sons

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34157 — 160 — E 34157

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1830 Penna Ave. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Lewis

(a) RESIDENCE NO. 1830 Penna Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 26 (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Child.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Feb 15 1928

7 AGE — Years: — Months: 2 — Days: 26 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Butts

(State or country): Md.

PARENTS

10 NAME OF FATHER: Geo Lewis

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country):

12 MAIDEN NAME OF MOTHER: Florence Lewis

13 BIRTHPLACE OF MOTHER (city or town): Butts

(State or country): Md

14 Informant: Mary Lewis

(Address): 1830 Penna Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

22 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 11th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) .....yrs. 2 mos 26 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Link M. D.

(Address) (Coroner) Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34158

## CERTIFICATE OF DEATH

66 E 34158

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 Norraway St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Wilson

(Residence in Baltimore: No. 15 Norraway St. St.; yrs. ..... mos. ..... ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: W

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.)

6-DATE OF BIRTH: — (Month) (Day) (Year)

7-AGE: 78 yrs. — mos. — ds.

If LESS than 1 day, ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): —

PARENTS:

10-NAME OF FATHER: —

11-BIRTHPLACE OF FATHER, (State or Country): —

12-MAIDEN NAME OF MOTHER: —

13-BIRTHPLACE OF MOTHER, (State or Country): —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed ..... 192.... Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 13 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(Duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. — mos. — ds.

May 13 1928 C. C. Lacy (Coroner.) M. D.

192.... (Address) 145 N. Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL.

UNIVERSITY OF MARYLAND ..... 19....

20-UNDERTAKER. Keith. ADDRESS MAY 22 1928

MAY 22 1928 C. HAMPTON JONES, M. D. Registrar.

THE MORGUE 2171

pec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34159 ✓ E 34159

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T. B.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Garrett

(a) RESIDENCE No. 152 N. East st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Separated |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1879

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Adeline Austin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed 22 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1928

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1928, to May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 8.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) [signature] M. D.

5-21-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

20 UNDERTAKER

DATE OF BURIAL 19

ADDRESS MAY 21 192

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34160

## CERTIFICATE OF DEATH

129 E 34160

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1532 Druid Hill Av St 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lavinia E Gregory

(a) RESIDENCE NO. 1532 Druid Hill St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6 DATE OF BIRTH (month, day, and year): ? 1858

7 AGE: Years 70 Months Days

IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: ? W Lilling

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mason A. Hawkins

(Address) 1532 Druid Hill Ave

15 Filed ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-20 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928 to May 20, 1928

that I last saw her alive on May 18, 1928

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Carded Vascular Renal Disease

(duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo A Holland, M. D.

19... (Address) 1632 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge, Mass — Date of Burial: 5/23/1928

20 UNDERTAKER: Mrs Geo A. Holland — ADDRESS: 1631 Druid Hill Ave

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34161

## CERTIFICATE OF DEATH.

E 34161

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 1745 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sleet See

(a) RESIDENCE NO. 632 Jasper Alley WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | ? |

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 60 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Sam See

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lutie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant

(Address) Records

Filed MAY 22 1928 19 H. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1928.

17

I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1928. to May 18, 1928.

that I last saw h. alive on May 18, 1928

and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - right - cerebral hemorrhage - Arteriosclerosis; Hypertension

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) C. Sidney Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS MAY 21 1928

BALTIMORE CITY HOSPITALS UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34162

## CERTIFICATE OF DEATH.

E 34162

REGISTERED NO. 16902

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (Ward) 26-40

2-FULL NAME Baby Boy Speakman

(a) RESIDENCE NO. Rayburn Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1/2 dy. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Speakman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Rothman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Anna Speakman

(Address) Rayburn, Md.

Filed 5/21 19 28 HARRISON JONES, M. D. Registrar

Per 9465 RLM

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20 1928 to May 20 1928.

that I last saw him alive on May 20 1928,

and that death occurred, on the date stated above, at 12 midnight.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity, Prolapsed cord, Instrumental delivery (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emb B Douglass, M. D.

5/21 1928 (Address) 9011 Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS 192

pec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34163

## CERTIFICATE OF DEATH.

161-001

E 34163

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N. Chapel St., 6-9 WARD)

2-FULL NAME Baby Burgess

(a) RESIDENCE NO. 138 N. Chapel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 min ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Col | |

3 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) May. 19, 1928

| AGE | Years | Months | Days | If LESS than 1 day hrs. or 13 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Isaac Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Mungalston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

Informant Mother

(Address) 138 N. Chapel St

Filed 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1928

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to May 19, 1928, that I last saw her alive on May 19, 1928, and that death occurred, on the date stated above, at 4:15 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Calvin Byrd LeCompte M. D.

19 (Address) 814 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

MAY 21 1928

UNIVERSITY OF MARYLAND
HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34164

## CERTIFICATE OF DEATH.

90 E 34164

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Sexton ST., 23 WARD)

2-FULL NAME Henry Casper Stumpf

(a) RESIDENCE NO. 1116 Sexton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Stumpf

6 DATE OF BIRTH (month, day, and year) Jan 8 1855

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 4 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles E. Stumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germ

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germ

14 Informant Katie Kilgo (Address) 1116 Sexton st

15 Filed MAY 22 1928 HARRISON JONES, M. D. Registrar Reese

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to May 21, 1928, that I last saw h[illegible] alive on May 21, 1928, and that death occurred, on the date stated above, at 2 15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 3-5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis - Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Krauss, M. D.

5/21, 1928 (Address) 1201 Griffis Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cemetery | May 24 1928 |
| 20 UNDERTAKER | ADDRESS |
| C. Schlosser & Son | 1039 Hanover st |

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34165 .

## CERTIFICATE OF DEATH

129 E 34165

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hinson

(a) RESIDENCE NO. 114 Perry St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 50 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19 Registrar

2469

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-18 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-8, 1928, to 5-18, 1928, that I last saw h alive on 5-18, 1928, and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Metastatic Bacterial Endocarditis.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. L. Gaither, M. D.

5/18, 1928 (Address) 100 Marlborough Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND.

MAY 21 1928

ec.—1-12-23—M&T—500 Blks.

34166

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34166

## CERTIFICATE OF DEATH.

40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 1-1 WARD)

2-FULL NAME Will Lewis

(a) RESIDENCE NO. 1106 Dueber Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE: Years 51 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Thomas Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant

(Address)

Filed MAY 22 1928 H. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-6- 1928, to 5-20 1928

that I last saw him alive on 5-20 1928

and that death occurred, on the date stated above, at 11.00 m.

The CAUSE OF DEATH* was as follows:

Chronic tuberculosis Nephritis, multiple urethral strictures. Urinary Extravasation Penis Scrotum and Abdominal wall (duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 5-5-28

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAY 21 1928

UNIVERSITY OF MARYLAND

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34167

## CERTIFICATE OF DEATH.

E 34167

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) (Penn Hotel 1631 Pennsylvania Ave) Ward 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.

2-FULL NAME Wm H. Stewart.

(a) RESIDENCE No. 1534 New Jersey Ave N.W. Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Stewart

6 DATE OF BIRTH (month, day, and year): April 2-1888

7 AGE: Years 40 | Months 1 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Actor.

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Lancaster (State or country): Pa.

PARENTS

10 NAME OF FATHER: John Stewart

11 BIRTHPLACE OF FATHER (city or town): Pa (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Pa (State or country)

14 Informant: Susie Stewart (Address) 1534 New Jersey Ave Wash DC

15 Filed ..... 19 ..... Registrar

22 1928 C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) ..... yrs. ..... mos. One ds.

CONTRIBUTORY (Secondary): Pulmonary Phthisis

(duration) ..... yrs. 6 mos. ..... ds.

(Signed) F. C. Link M. D.

May 20th 1928 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lincoln Cemetery D.C. Date of Burial: May 24, 1928

20 UNDERTAKER: W. E. Jarvis ADDRESS 2222 Ga. Ave Wash. D. C.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34168 182 E 34168

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating in the water at

City of BALTIMORE: (No. Key Highway & Webster St. St. 24-33 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO. Do not know. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | Colored | Do not know. |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ;----------

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S. D.

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D.

By_____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Body found May 11, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably accidental Drowning.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto A. C. Einhardt M. D.

(Coroner)

5/21, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY Date of Burial 19

20 UNDERTAKER ADDRESS

THE MORGUE. MAY 21 1928

Spec.—1-10-21 M&T 1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34169 ✓

E 34169

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Harwood ave ST.) (WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~William~~ F Wilson

(a) RESIDENCE NO. 500 Harwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Sally V. Wilson

6 DATE OF BIRTH (month, day, and year): Sept 1 / 1851

7 AGE: Years 76 | Months 8 | Days 20 | If LESS than 1 day, ..... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Talbot Co Md

PARENTS

10 NAME OF FATHER: Wm Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co Md

14 Informant: Mrs Sally V Wilson

(Address): 500 Harwood ave

15 1926 .19 ..... C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21 19 26

17 I HEREBY CERTIFY, That I attended deceased from Mch 1 .19 26. to May 21 19 26.

that I last saw him alive on May 20 .19 26.

and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary): Myocarditis, Senility

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm B Lyman M. D.

May 21, 1926 (Address) 718 N Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 24/1926

20 UNDERTAKER: H Henry Lutz — ADDRESS 1203 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 34170

34170

## CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Spalding Ave. ST., WARD 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugenia E. Mason

(a) RESIDENCE No. 3574 Spalding Ave. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Mason.

DATE OF BIRTH (month, day, and year) Aug. 21. 1886

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 9 | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Charles W. Cherry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Georgia Pruft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Leroy Mason

(Address) 3574 Spalding Ave.

Filed ..... 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31. 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/6/27, 19..., to 5/31/28, 19..., that I last saw h[illegible] alive on 5/30, 1928, and that death occurred, on the date stated above, at 8. [illegible] m.

The CAUSE OF DEATH* was as follows:

Asthenia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulm Tb.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Non-Path

(Signed) [illegible], M. D.

(Address) 375 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL May 24. 1928

20 UNDERTAKER Mrs. Mrs. John W. Teufel & Son

ADDRESS 501 W. Fayette

pec.—1-12-23—MAT—500 Bks.

34171

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 31171

## CERTIFICATE OF DEATH.

154-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 N Clinton ST. (WARD) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby McFadden

(a) RESIDENCE NO. 605 N Clinton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 5/21/28

AGE: Years | Months | Days | If LESS than 1 day, 10 hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Wm McFadden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elsie Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Wm McFadden

(Address): 605 N Clinton St

Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/21, 1928, to 5/21, 1928

that I last saw her alive on 5/21, 1928

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Patents premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) D. Miller, M. D.

5th, 19 28 (Address) 1520 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: 5/23 1928

20 UNDERTAKER: Stephen Rectenwald — ADDRESS: 922 Hanover St

Spec.—1-10-21—M&T—1500 Blks.

E 34172

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34172

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 610 Cold Spring Lane (ST.) near Charles St (WARD) 46

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessy Mason Young

(a) RESIDENCE NO. 610 Cold Spring Lane (ST.) Near Charles St (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) WIFE of: Dr Hugh Hampton Young

6 DATE OF BIRTH (month, day, and year): Sept 19th 1879

7 AGE — Years: 48 — Months: 8 — Days: 21 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: F. M. Colston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Elosa Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cuba

14 Informant: George W. Colston (Address) 610 Cold Spring Road

15 Filed 5/21 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20th 1927 to May 21st 1928.

that I last saw her alive on May 21st 1928.

and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Virulens)

(duration) yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary): Valvular Heart Dis. (Mitral Stenosis)

(duration) 30 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Blood Cultures

(Signed) Gordon Wilson M. D.

5/21 1928 (Address) 715 Park Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: May 23 1928

20 UNDERTAKER: Henry A Jenkins & Sons Co

ADDRESS: Edmondson Ave & Collington

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34173

## CERTIFICATE OF DEATH.

74-001

E 34173

1-PLACE OF DEATH

City of BALTIMORE: (No. 1435 W Lanvale St. 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Ross

(a) RESIDENCE NO. 1435 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George W Ross

6 DATE OF BIRTH (month, day, and year): March 1861

7 AGE — Years: 67 — Months: 2 — Days: — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Cambridge MD

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): md

14 Informant: Julian Ross

(Address): 1435 W Lanvale St

15 Filed ..... 19 ..... G. HAMPSON JONES, M. D. Registrar

2 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 21, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

Indigest (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

5-22 1928 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Maryland — Date of Burial: May 23 1928

20 UNDERTAKER: Mrs Chas L. Bailey — ADDRESS: 1421 Jefferson St

Cor.—17-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34174

CERTIFICATE OF DEATH.

88 E 34174

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 26-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME WILLIAM G. MEURER

(a) RESIDENCE NO. 1116 S. Bouldin St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Meurer

6 DATE OF BIRTH (month, day, and year) September 7, 1887

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 40 | 8 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER August Meurer

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susie Koehler

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Catherine Meurer (Wife)

(Address) 1116 S. Bouldin St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

2 1928

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to. death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Myocarditis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Brain Compression

(duration) ..... yrs. ..... mos. 1 hr.

May 22 1928 Signed C. C. Hall M. D.

(Coroner)

(Address) 143 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery Date of Burial May 25 19 28

20 UNDERTAKER Henry Sander & Sons Inc ADDRESS BALTIMORE ST. & BROADWAY

34175

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1903 E 34175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Union Memorial Hosp.) (WARD) 7-5

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jos. Robinson

(Residence in Baltimore: No. 3503 Belmont Av. St.; yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX | 4-COLOR OR RACE | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) |
|---|---|---|
| Male | White | Single |

6-DATE OF BIRTH, Feb 28, 1919
(Month) (Day) (Year)

7-AGE, 9 yrs. 2 mos. 23 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo. W. Robinson

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER, Marie Santry

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. G. W. Robinson

(Address) 3503 Belmont Av

15-

Filed 2 1926, 191.... C. HANSON JONES, M. D.

By ..... Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 21, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Head & Body Auto Accident

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J. Mowinckel (Coroner.) M. D.

5-22-, 1926. (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 5-25 1926

20-UNDERTAKER Chas. E. Taylor Sons ADDRESS 1314 Eight Av

pec.—1-12-23—M&T—500 Blks.

E 34176

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34176

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Prestman ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charity Louisa Bailey

(a) RESIDENCE No. 555 Prestman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widow |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel J. Bailey

DATE OF BIRTH (month, day, and year) Feb 2. 1852

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 76 | 3 | 18 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Donaldsville Co Md

10 NAME OF FATHER Durbin Clash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet A. Vaughn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant James J. Bailey

(Address) 555 Prestman St.

Filed 23 1928 19 Reg'r

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20- 1928

17

I HEREBY CERTIFY, That I attended deceased from April 4th, 1928, to May 20th, 1928, that I last saw her alive on May 20, 1928 and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Organic Cardiac Disease. Valvular.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Inflammatory Rheumatism and Arthritis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Bennett Fargo, M. D.

, 19 (Address) 2937 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL May 23, 1928

20 UNDERTAKER John H. Fradenburg — ADDRESS 1027 Hanover

HANSON JONES, M. D.

pec.—1-12-43—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34177.

## CERTIFICATE OF DEATH.

E 34177.

1-PLACE OF DEATH Marine Hospital, Baltimore, Md. REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Y. Mitchell

(a) RESIDENCE NO. U.S.Coast Guard Depot, Curtis Bay, Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | black | married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Marjorie L. Mitchell

DATE OF BIRTH (month, day, and year) April 4, 1886

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 1 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Steward

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.Coast Guard

(c) Name of employer U. S.Coast Guard

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Alexander Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Hattie M. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

Informant Marjorie L. Mitchell
(Address) Cabin Hill

Filed 6-2, 1928 H. [illegible], M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I attended deceased from 1.45 P m. May 21, 1928, to 2.45 P m. May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above at 2.45 P m.

The CAUSE OF DEATH* was as follows: Probably ~~pulmonary hemorrhage~~ Hemorrhage, apparently pulmonary

15 min. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Probably Pulmonary tuberculosis, chronic unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History and physical findings

(Signed) J. C. Graves, M. D.

, 19 28 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvery Cem. DATE OF BURIAL May 24 28

20 UNDERTAKER John H. Toodvine ADDRESS 1027 Hanover St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34178

# CERTIFICATE OF DEATH.

90 E 34178

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH St. Josephs Church.

City of BALTIMORE: (No. Lee St near Sharp St. St., 21-31 Ward)

2-FULL NAME James H. O'Hara.

(a) RESIDENCE NO. 817 Hanover St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 30 yrs. ---- ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Widower |

3a If ~~MARRIED~~, widowed, ~~DIVORCED~~ HUSBAND of ~~WIFE~~ Mary Ann O'Hara.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 77 | ---- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland.

PARENTS

10 NAME OF FATHER James O'Hara.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Fox.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Elizabeth Bonce. (daughter)

(Address) 817 Hanover St.

15 Filed May 29 1928. E. HAMPSON JONES M. D. Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto U. Hinkard M. D.

(Coroner)

5/21 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial May 24 1928

20 UNDERTAKER J. A. Krause & Son ADDRESS 703 Hanover St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34179 E 34179

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Jefferson ST. 69 WARD)

2-FULL NAME Hannah T. Yaeger

(a) RESIDENCE NO. 1933 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Yaeger

6b DATE OF BIRTH (month, day, and year): Oct 19-1863

7 AGE: Years 67 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Peacock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Elizabeth Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Miss Helen Yaeger

(Address) 1933 Jefferson St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to May 20, 1928, that I last saw h alive on May 20, 1928, and that death occurred, on the date stated above, at 11:30 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Chronic Endocarditis (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin B Lungren, M. D.

5-24-28 (Address) 718 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Knoll Cem

DATE OF BURIAL: May 23 1928

20 UNDERTAKER: John Emerick

ADDRESS: 2900 Orleans

MAY 23 1928 HARRISON JONES, M. D. Registrar

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34180

## CERTIFICATE OF DEATH.

129 E 34180

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 602 N Belnord Ave. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Praley

(a) RESIDENCE. No. 602 N Belnord Ave. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Praley

6 DATE OF BIRTH (month, day, and year): Mar 12 1862

7 AGE: Years 66 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Henry Reuther

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Heiler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Louise Friede

(Address) 426 S Smallwood

15 Filed MAY 23 1928 C. HARRISON JAMES, M. D. Registrar

By R E K

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 15 1928 to May 22 1928

that I last saw h alive on May 22 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cancer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. C. Richardson M. D.

May 28 1928 (Address) 1120 W. 25 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: May 25 1928

20 UNDERTAKER: John Lewis

ADDRESS: 2008 Nelson

pec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34181 E 34181

## CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2811 Huntingdon Ave ST., 42-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane P McCrosson

(a) RESIDENCE NO. 2811 Huntingdon Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J McCrosson

DATE OF BIRTH (month, day, and year) Mar 22-1879

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 49 | 2 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession of particular kind of work Packer & packer

(b) General nature of industry, business, or establishment in which employed (or employer) John E Hurst Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto City

10 NAME OF FATHER John McCrosson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret McGrigh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary J McCrosson

(Address) 2811 Huntingdon Ave

Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D.

..., 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Peters Cemetery | May 24 1928 |
| 20 UNDERTAKER | ADDRESS |
| A S Marshall | 3539 Falls Rd |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34182 ✓ E 34182

## CERTIFICATE OF DEATH.

E 34182
1-PLACE OF DEATH

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 814 W 34th St. ST., 9-46 WARD)

2-FULL NAME Sarah M. Hyder

(a) RESIDENCE NO. 814 W 34th St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Hyder

6 DATE OF BIRTH (month, day, and year): Feb 14, 1848.

7 AGE — Years: 80 — Months: 3 — Days: 6. — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co.

PARENTS
10 NAME OF FATHER: Reuben Smithson
11 BIRTHPLACE OF FATHER (city or town) (State or country): md.
12 MAIDEN NAME OF MOTHER: Jane Shipes
13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: James O. Hyder.
(Address) 2211 Pentz Terrace

15 Filed , 19 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20 1928.

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1928, to May 20, 1928, that I last saw h[illegible] alive on May 20, 1928, and that death occurred, on the date stated above, at 8-P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency 2 ds.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis
(duration) 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Blood exam

(Signed) C. F. Campbell M. D.
5/29, 1928 (Address) 3201 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.
DATE OF BURIAL: May 22, 1928.

20 UNDERTAKER: Edmondson
ADDRESS: 2615 Rhode

Dec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34183

## CERTIFICATE OF DEATH.

E 34183

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3631 Cedar ave ST. 13-5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Williams -

(a) RESIDENCE NO. 3631 Cedar ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single -

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 22, 1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | | | | 7 hrs |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

4 Informant Mrs. Evelyn Dolan

(Address) 3631 Cedar ave

5 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1928 to May 22, 1928.

that I last saw him alive on May 22, 1928

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows: Born May 22, 10 a.m. Died May 22, 5 P.M.

Born Prematurely (7 mos)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Immature birth

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Wm. M. Baumbaker, M. D.

, 19 (Address) 2740 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cemetery

DATE OF BURIAL: May 23 1928

20 UNDERTAKER: Clemens & Sons

ADDRESS: 817 Chestnut

HAMPTON JONES, M.D.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

**E 34184**

## CERTIFICATE OF DEATH.

**E 34184**

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 15-63 St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Belaga

(a) RESIDENCE NO. 3626 Garrison Av. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19, 1928

| 7 AGE | Years | Months | Days 3 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Belaga

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Baltimore. Md

12 MAIDEN NAME OF MOTHER Reba Millison

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Maryland

14 Informant Samuel Belaga

(Address) 3626 Garrison Av.

15 Filed MAY 23 1928 [illegible] JONES, M. D. Registrar

Ref. [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

5/22/28

17

I HEREBY CERTIFY, That I attended deceased from 5/19, 1928, to 5/22, 1928, that I last saw him alive on 5/22, 1928, and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? N.O. Date of.....

Was there an autopsy? yes By findings

What test confirmed diagnosis?.....

(Signed) Milton Sherry, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Cemetery Date of Burial 5-23- 1928

20 UNDERTAKER Jack Levin ADDRESS 434 E Balto.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34185

CERTIFICATE OF DEATH.

129 E 34185

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Yeager

(a) RESIDENCE NO 1042 E. Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Yeager

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 50 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Roumania

PARENTS

10 NAME OF FATHER Aaron Moses

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Roumania

12 MAIDEN NAME OF MOTHER Rose —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Roumania

14 Informant (Address) J. Lewis 1439 E Balto.

15 Filed ..... 19 HAMILTON JONES, M. D. Registrar

23132 By R Clift

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/22 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/17/ 1928 to 5/22/ 1928, that I last saw her alive on 5/22/ 1928, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular-renal disease

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Hirsberg, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt. Carmel Date of Burial May 23- 1928

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balto St

ec.—1-12-23—M&T—500 Blks.

34186

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34186

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 407 E. Fort Av. (ST.) 2nd 34 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno. Fredk. Johnson.

(a) RESIDENCE NO. 407 E. Fort Av. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Widower |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary F. Johnson

DATE OF BIRTH (month, day, and year) Jan. 8, 1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 4 | 12 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Sweden

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant F. Gadd.
(Address) 407 E. Fort Av.

Filed MAY 23 1928 HARRISON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5.20.28

17

I HEREBY CERTIFY, That I attended deceased from 1922, 19 , to 5.20.28, 19 ,
that I last saw h im alive on 5.20.28, 19 ,
and that death occurred, on the date stated above, at 10. P. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical. Microscopical Examination

(Signed) V. Filing B. Towles, M. D.

5.22.28 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem — DATE OF BURIAL 5/23 1928

20 UNDERTAKER J. Finn Mem. Co. — ADDRESS 130 E Fort

ec.—1-12-23—M&T—500 Bks.

E 34187

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34187

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3025-W. Lanvale ST. (WARD) 16-67

REGISTERED NO. 109-02

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonino Tine

(a) RESIDENCE No. 3025-W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 9/28/1922

| AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 5 | 7 | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank Tine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Antonetta Capone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Capone

(Address) 3025-W Lanvale St

15 Filed May 22 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15- 1928 to May 19, 1928, that I last saw him alive on May 19, 1928 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

General Septicemia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Tonsillitis Acute Follicular

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Pearson, M. D.

5.22.28 19 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Vincent Cem. DATE OF BURIAL 5-24-28 19

20 UNDERTAKER George J. Ruth Sons ADDRESS 935 Hanover

...—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34188 — E 34188

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO. 26-2

ITY OF BALTIMORE: (No. 412 S. East ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza A. Lynch

(a) RESIDENCE NO. 412 S. East ave ST., 1 WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Arthur Lynch.

ATE OF BIRTH (month, day, and year) Jan 16th 1839

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 89 | 4 | 5 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md.

0 NAME OF FATHER Dont Know

1 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

2 MAIDEN NAME OF MOTHER Hubbard

3 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

Informant Mrs Wm Edwin Vaughan

(Address) 412 S. East ave

Filed ..., 19 ...

1926 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21st/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928, to May 21, 1928,

that I last saw her alive on May 20, 1928

and that death occurred, on the date stated above, at 8 4/11 - m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Tickner M. D.

5/21, 1928 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Olivet Cemetery | May 23rd 1928 |
| 20 UNDERTAKER Lilly-Zeiler Inc. | ADDRESS 409 S. Wolfe St. |

rc.—2-29-28—L. F. S.—500 Bks.

E 34189

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

75-002 E 34189

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 731 S. Third ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine M. Zorn

(a) RESIDENCE NO. 731 S. Third ST., 26 WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 65 yrs. 6 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Ignatius Zorn

ATE OF BIRTH (month, day, and year) Sept. 20th 1862

| GE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 65 | 6 | 2 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Retired

(b) General nature of industry, business, or establishment in which employed (or employer) formerly housewife

(c) Name of employer none

IRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Nicholas Myer

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hinkelstein

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country) Germany.

Informant: Mary Rose Mortensen.
(Address) 801 S. Decker Ave.

Filed ....., 19.... [illegible]
(Registrar)

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22nd 1928

17

I HEREBY CERTIFY, That I attended deceased from about Jan. 1926 to May 22 1928

that I last saw h er alive on May 21 1928

and that death occurred, on the date stated above, at 12:45 a. m.

The CAUSE OF DEATH* was as follows:

general progressive paralysis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis, hepatic

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [signature], M. D.

1928 (Address) 1014 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart Cemetery | May 25th 1928 |
| 20 UNDERTAKER Lilly-Zeiler Inc. | ADDRESS 403 S. Wolfe St |

ec.—1-12-23—M&T—500 Bks.

E 34190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34190

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Kirkleigh Villa-Roland Park ST., 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Luckett

(a) RESIDENCE NO. 2509 N.Calvert Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? 82 yrs. 6 mos. 27 ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| emale | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Oct-25-1845

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 82 | 6 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER James Luckett

11 BIRTHPLACE OF FATHER (city or town) Loudon Co.

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) St.Marys Co.

(State or country) Maryland

14 Informant Mrs.Eliza Jenkins (sister)

(Address) 2509 N.Calvert Street

15 Filed ... 19 HAYDON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 22, 1928, that I last saw h[illegible] alive on May 22, 1928 and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes sclerosis -

Chronic Nephritis (duration) 20 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No -

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. F. Robinson M. D.

5-23 1928 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: May-25-28

20 UNDERTAKER: STEWART & MOWEN COMPANY — ADDRESS: 103 W. NORTH AVE.

pec.—1-12-23—M&T—500 Blks.

E 34191 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34191

CERTIFICATE OF DEATH.

REGISTERED NO. 26163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 26th WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Jeremiah D. Irwin

(a) RESIDENCE NO. Mt Hope Retreat ST. 26th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? Donot know yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, and year) May 21st 1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 0 | 0 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Priest-Catholic

(b) General nature of industry, business, or establishment in which employed (or employer) Church Work - 018

(c) Name of employer

BIRTHPLACE (city or town) (?)
(State or country) Ireland

10 NAME OF FATHER Dennis Irwin

11 BIRTHPLACE OF FATHER (city or town) Tonchran Bridge
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary O'Meara

13 BIRTHPLACE OF MOTHER (city or town) Tonchran Bridge
(State or country) Ireland

PARENTS

14 Informant Records of Mt Hope Retreat
(Address) Mt Hope Retreat

15 Filed MAY 25 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 18th, 1927, to May 22, 1928, that I last saw h[illegible] alive on May 22, 1928, and that death occurred, on the date stated above, at 7.42 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Causing L. Hemiplegia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis -

abt (duration) 3 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Phila Pa -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa. DATE OF BURIAL May 25/28

20 UNDERTAKER Stewart & Mowen Co. ADDRESS 1088 North Ave.

rc.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34192 — E 34192

1—PLACE OF DEATH — REGISTERED NO.

ITY OF BALTIMORE: (No. 627 N Hamburg ST.) (WARD) 21-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert E Cole

(a) RESIDENCE NO. 627 N Hamburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C Cole

ATE OF BIRTH (month, day, and year) Nov 13-1879

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 6 | 7 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U S Gov.

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John E Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary C Block

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mary C Cole

(Address) 627 N Hamburg St

Filed MAY 23 1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21-1928

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to May 21, 1928,

that I last saw him alive on May 20, 1928

and that death occurred, in the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus.

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray & Fluoroscopic Views.

(Signed) J. M. Dalrett, M. D.

May 21, 1928 (Address) 621 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | 5/24 1928 |
| 20 UNDERTAKER | ADDRESS |
| Franklin W Leitz | 709 W 33rd St. |

rec.—1-12-23—M&T—500 Bks.

Dorsey's

34193

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34193

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 423 N. Pine ST. 17-25 WARD)

2-FULL NAME Maria Dorsey

(a) RESIDENCE NO. 423 N. Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widowed |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Dorsey

DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| About | 69 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Harry Orme

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Charles Dorsey (Address) East Biddle St.

15 Filed JAN 1928 19 HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to May 23, 1928.

That I last saw her alive on May 22, 1928

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Contributory Cerebral Hemorrhage

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? yes

(Signed) [illegible] M. D.

May 24 1928 (Address) 608 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Mount Carmen Frederick Co. Md. | May 26 1928 |
| 20 UNDERTAKER | ADDRESS |
| F. M. Snyder | Mt Airy |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34194

## CERTIFICATE OF DEATH.

199 E 34194

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Brandt

(a) RESIDENCE NO. 913 Bunny St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Brandt

6 DATE OF BIRTH (month, day and year) Sept. 6- 1889

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | 8 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August Brandt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) not known

14 Informant Elizabeth Brandt

(Address) 913 S. Bunny St.

15 Filed....., 19.... C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 21 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide

Fracture of Skull

(Duration) ....yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Meningitis

(Duration) ....yrs. mos. 1 ds.

May 22 19 (Signed) G. E. Blades M. D. (Coroner)

19 (Address) 143 N. Bunny

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cemetery — Date of Burial: May 24 19 25

20 UNDERTAKER: George W. Zirkler — ADDRESS: 1731 E. Eager St.

Spec.—7-17-26—A Co.—200 Bks.

E 34195

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 60-09

E 34195

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Annie Fesser

(a) RESIDENCE NO. Woodlawn, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 6-29-1857

7 AGE: Years 40 Months 10 Days 7 2

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Woodlawn (State or country): Md.

PARENTS

10 NAME OF FATHER: Leo H. Fesser

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lena E. Glenzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: William Fesser, Woodlawn, Md.

Filed MAY 23 1928 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-21-28 19

17 I HEREBY CERTIFY, That I attended deceased from 5-10 19 28, to 5-21 19 28, that I last saw h alive on 5-21 19 28, and that death occurred, on the date stated above, at 8 05 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Compton M. D.

(Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery Date of Burial: May 24 19 28

20 UNDERTAKER: Keck & Cook ADDRESS 1003 West Baltimore St.

ec.—1-12-23—M&T—500 Bks.

Billups

E 34196

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

64 E 34196

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 West North Ave. ST. 15-18 WARD)

2-FULL NAME Josephine K. Billups

(a) RESIDENCE NO. 2224 West North Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dr. G. W. Billups

DATE OF BIRTH (month, day, and year) Sept. 15, 1877

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 8 | 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Gregory M. Mullen

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Edith Donnelly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

Informant Dr. G. W. Billups
(Address) 2224 W. North Ave.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 19 27, to May 21, 19 28

that I last saw h e alive on May 21, 19 28

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

polycythemia vera

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) cardiac insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) George A Kupp, M. D.

(Address) 3030 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL May 24 19 28

20 UNDERTAKER Joseph Cook

ADDRESS 1003 West Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34197

E 34197

## CERTIFICATE OF DEATH.

57

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2713 Greenmount Ave ST., ..... WARD)

2-FULL NAME Julia A. O'Mailey

(a) RESIDENCE NO. 2713 Greenmount Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced (or) WIFE of John O'Mailey

6 DATE OF BIRTH (month, day, and year) Feby 2, 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 3 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas. R Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co. Md

12 MAIDEN NAME OF MOTHER Catherine Noble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Barry George

(Address) 2715 Greenmount Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to May 21, 1928, that I last saw h.. alive on May 20, 1928, and that death occurred, on the date stated above, at 12.05 a m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. J. O'Neill M. D.

5/21, 1928 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 5/23/1928

ADDRESS

UNDERTAKER E. O. Fanning Inc-1938 E. Lafayette

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34198 E 34198

## CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1719 Druesman ST., (WARD)

2-FULL NAME Henry Watson

(a) RESIDENCE NO. 1719 Druesman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eliza Watson

6 DATE OF BIRTH (month, day, and year) —

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|
| 61 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Genl Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Ohio

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Watson

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Sarah Hunt

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Mrs Eliza Watson (Address) 1719 Druesman st

15 Filed 5 23 1928 (19) C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1928, to May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Frank E. Pilgrim M. D.

May 22, 1928 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 5-25 1928

20 UNDERTAKER Geo T. A. Gittens ADDRESS 135 Druid Hill Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34199

34199

## CERTIFICATE OF DEATH

46

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3900 Kate Ave St. 15-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gisela Roseman

(a) RESIDENCE NO. 3900 Kate Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ben Roseman

6 DATE OF BIRTH (month, day, and year) Nov 17 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 47 | 6 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Isidor Hirschhorn

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hollenbusch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs L. Dreibus

(Address)

15 Filed ..... 192 .....

C. HAMILTON JONES, M. D.

Registrar

3 1925

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

May 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1928 to May 23, 1928,

that I last saw h.. alive on May 22, 1928,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus & metastases

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of March 1928

Was there an autopsy? no

What test confirmed diagnosis? clinical & Lab

(Signed) Isidor S. Frey, M. D.

May 1928 (Address) 2320 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stehen Friendship Cemetery Date of Burial May 24 19 28

20 UNDERTAKER J. Ahearn & Co ADDRESS 2432 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E 34200

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34200

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1319 N Monroe St. 15-27 Ward)

2-FULL NAME Nettie Duffy Duffin

(a) RESIDENCE NO. 1319 N. Monroe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | Col | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas Duffin

6 DATE OF BIRTH (month, day, and year) Nov—1869

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | 6 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ft Loc Maryland 1922

(State or country)

PARENTS

10 NAME OF FATHER Walter Wallace

11 BIRTHPLACE OF FATHER (city or town) Ft Loc Md

(State or country)

12 MAIDEN NAME OF MOTHER Martha Johnson

13 BIRTHPLACE OF MOTHER (city or town) Ft Loc Md

(State or country)

14 Informant Chas Duffin

(Address) 1319 Monroe

15 Filed C. HAMPSON JONES, M. D.

1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F C Lisk Coroner M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 5/24 1928

20 UNDERTAKER David Eaton ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

34201

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 34201

## CERTIFICATE OF DEATH.

100-201

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 202 Otterbein, ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irving Butler,

(a) RESIDENCE No. 202 Otterbein, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred \ yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Col. | Single |

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Sept. 26. 1927.

| 7 AGE | Years | Months | Days | If LESS than 1 day, \ hrs. or \ min. |
|---|---|---|---|---|
| | — | 7 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none,

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Mitchell Butler,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Park Hall, Md.

12 MAIDEN NAME OF MOTHER Sarah Buck,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cox Point, Md.

14 Informant Mitchell Butler, (Address) 202 Otterbein St.

15 Filed ..... 19 ..... Registrar

HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23. 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 20. 1928. to May 23. 1928.

that I last saw him alive on May 23. 1928.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia.

(duration) \ yrs. \ mos 3 ds.

CONTRIBUTORY (Secondary) None,

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination.

(Signed) Chas. Norton, M. D.

, 19 (Address) 888 N. Eu[illegible] ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 5/24/28

20 UNDERTAKER Daniel Easton

ADDRESS 914 Ca ave

Cor.—12-9-25—A Co.—200 Bks.

E 34202

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

18 V E 34202

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Found Pier 4 (or 3) Pratt St. St., 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Unknown |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | about 5-3 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed....., 19.... C. HAMPSON JONES, M. D. Registrar.

per

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 a.m. May 18th 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned

accidental Drowning

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

May 22 (Signed) H. C. Jones M. D.

(Coroner)

, 1928 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY Date of Burial: MAY 23 1928

20 UNDERTAKER: Undertaker Death. ADDRESS

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34203 113 E 34203

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Hanbert St. ST. 24-35 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Garlicki

(a) RESIDENCE NO. 110 Hanbert St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 23 1927

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 4 | 30 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Stanislaus Garlicki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Walerya Donaina

13 BIRTHPLACE OF MOTHER (city or town)..... (State or country) Poland

Informant Walerya Garlicki
(Address) 110 Hanbert St.

Filed ..., 19 ... Registrar

CHARLTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to May 22, 1928

that I last saw h alive on May 22, 1928

and that death occurred, on the date stated above, at 1:30 P m

The CAUSE OF DEATH* was as follows:

Gastro-intestinal Intoxication

(duration) yrs. mos 1 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. S. Marr, M. D.

May 23, 1928 (Address) 716 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary | May 24 1928 |
| 20 UNDERTAKER | ADDRESS |
| Aston McWeber & Co | 1 & Chester Ave |

Cor.—12-9-25—A Co.—200 Bks.

E 34204

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-001 V

101 E 34204

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5105 Grove Ave St. ... Ward) 27-43

2-FULL NAME Robt. S. Barclay

(a) RESIDENCE NO. 5105 Grove Ave St._____ Ward_____
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | W | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 4/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 2 | 19 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER S.R.S. Barclay

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pitts., Pa.

12 MAIDEN NAME OF MOTHER Margaret L. Stevenson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pitts., Md.

14 Informant Father
(Address)

15 Filed ... 19... C. HAMPSON JONES, M. D.
1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pneumonia (Probably Lobar)

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) J. H. Jones M. D.
(Coroner)

5/23/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pittsburg, Pa. Date of Burial: May 25th 28

20 UNDERTAKER: George W. Zickler ADDRESS: 1737 E. Eager st.

Spec.–7-17-26—A Co.—200 Bks.

34205

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

8E 34205

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2116 Mt. Royal Ter. Ward)

2-FULL NAME James R. Brewer Jr.

(a) RESIDENCE NO 2116 Mt Royal Ter. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sara Butler

6 DATE OF BIRTH (month, day, and year): Oct 31. 1876

7 AGE — Years: 51 Months: 6 Days: 22

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Atty at Law

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: James R. Brewer

11 BIRTHPLACE OF FATHER (City or town): Annapolis

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ann Dorsey

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Sara B. Brewer

(Address): 2116 Mt Royal Ter

15 Filed: MAY 25 1928

C. HAMILTON JONES (M. D.) Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 22 - 10 A.M. P.M.

that I last saw h alive on May 22, 1928

and that death occurred, on the date stated above, at 10 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Ac. endocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): acute indigestion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry L. Wilson M. D.

, 19 (Address) 324 Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery Date of Burial May 24, 19 28

20 UNDERTAKER: John D. Middendorf & Sons ADDRESS 1900 Eutaw Place

Cor.—12-9-25—A Co.—200 Bks.

E 34206

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

91 E 34206

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No.) Mercy Mission, Toone St. 14-20 Ward)

2-FULL NAME Susan Tyler Pollard

(a) RESIDENCE NO 224 N Lafayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Pollard.

6 DATE OF BIRTH (month, day, and year): Dec 30 1847

7 AGE: Years: 80 Months: 4 Days: 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Gordon Tayler

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Conn

12 MAIDEN NAME OF MOTHER: Susan Bancroft

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Boston Mass

14 Informant: Lucy C. Whartony

(Address) 224 N Lafayette St

15 Filed ____, 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Broken Contusion

CONTRIBUTORY (Secondary) May (duration) 2 yrs. 6 mos. ds.

Signed: J. C. Fader M. D.

(Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem Date of Burial: May 24 1928

20 UNDERTAKER: John O. Mitchell Son ADDRESS: 1900 Eutaw Pl

Spec.—1-10-21—M&T—1500 Blks.

E 34207

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34207

## CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH Church Home & Infirmary | REGISTERED NO.

CITY OF BALTIMORE: (No. 6 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria Brunswick.

(a) RESIDENCE NO. 318 North Ellwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred \ yrs. \ mos. ½ ds. How long in U. S., if of foreign birth? \ yrs. \ mos. \ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 22-1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, \ hrs. or \ min. |
|---|---|---|---|---|
| | \ | \ | \ | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) \

(c) Name of employer \

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Martin Brunswick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Lena Pahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Martin Brunswick (Address) 318 N Ellwood Ave

15 Filed ....., 19.... C. HAMILTON JONES, M. D. Registrar

4 1928 By RML

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 22, 1928, that I last saw h[illegible] alive on May 22, 1928, and that death occurred, on the date stated above, at 9 40 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of the New Born

(duration) \ yrs. \ mos 11 hrs.

CONTRIBUTORY (Secondary) Intracranial Hemorrhage

(duration) \ yrs. \ mos. 8 hrs.

18 Where was disease contracted if not at place of death? \

Did an operation precede death? yes Date of May 22-28

Was there an autopsy? no

What test confirmed diagnosis? Lumbar Puncture

(Signed) John G. Murray M. D.

5/23 1928 (Address) 9 East Chase Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL May 24 1928

20 UNDERTAKER John Ulrich

ADDRESS 907 E Eutaw

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34208

## CERTIFICATE OF DEATH.

13 E 34208

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (WARD) 4-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr William Schneesler.

(a) RESIDENCE NO. Laurel, Maryland St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER August Schneesler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant

(Address) Hospital Records.

15 Filed 5-24 1928 H. HANSON JONES, M. D. Registrar

By R.W.J.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23-28. 19

17 I HEREBY CERTIFY, That I attended deceased from 5-9-28. , 19 , to 5-23-28. , 19 ,

that I last saw h alive on 5-23-28. , 19

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Ifgeneral Septicemia (Hemolytic Strep)

Secondary Anaemia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Kidney Stones, Pyonephrosis and Urinary Fistula (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Laurel Md.

Did an operation precede death? yes. Date of 5-22-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Cecil M. Hall, M. D.

, 19 (Address) Franklin Sq. Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ivy Hill Laurel Md Plot 220. DATE OF BURIAL May 25 1928

20 UNDERTAKER Elwood N. Fisher ADDRESS Laurel Md.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34209

## CERTIFICATE OF DEATH.

169 E 34209

1-PLACE OF DEATH

City of BALTIMORE: (No. Off Hanover St. Bridge. St. 10-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathanial Johnson.(C)

(a) RESIDENCE NO. 1108 Ashland Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | Colored | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) July 4, 1907

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 20 | 10 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of indusiry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Robert Johnson.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Maria Jones.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Mary Osburn.(C)sister.

(Address) 1108 Ashland Ave.

15 Filed 5-24 1928 HARRY JONES, M. D. Registrar

Per Ellis

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Body found May 23, 1928 May 13, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Steinhardt M. D.
(Coroner)

5/24 1928 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial 5-24 1928

20 UNDERTAKER Wm Lafayette Bailey ADDRESS 1421 Jefferson

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34210

## CERTIFICATE OF DEATH.

188-003

E 34210

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 11-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Shriner.

(a) RESIDENCE NO. Jamestown Md St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmale

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas E. H. Shriner

6 DATE OF BIRTH (month, day, and year) 1864 - July 19 -

7 AGE

| Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 63 | 10 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City) Littlestown Pa

(State or country)

PARENTS

10 NAME OF FATHER Geo Smith

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Mckeown

13 BIRTHPLACE OF MOTHER (City or town) Pa.

(State or country)

14 Informant Md Gen Hosp. Balto

(Address)

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

24 1928 Rank

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 - 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said inquest it be necessary for the inquest to be held by the State Attorney Carroll Co. Md on the day stated above.

The CAUSE OF DEATH* was as follows:

Lacerating forehead. Contusion of Thoracic Muscles R side Shock. (duration) yrs. mos. 6 ds.

CONTRIBUTORY Senile Nephritis. Automobile Collision (duration) yrs. mos. ds.

(Signed) J C Smith M. D.

May 22 1928 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ..... mos., ..... ds. In the State..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Littlestown Adams Co Pa

Date of Burial May 26 1928

UNDERTAKER J. F. Cline

ADDRESS Littlestown Md

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 34211

## CERTIFICATE OF DEATH.

E 34211

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Garrison Blvd. St. 15-61 WARD)

2-FULL NAME William H. Saltzman

(a) RESIDENCE NO. 3326 Garrison Blvd St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Widowed. |

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Anna Lena Saltzman

6 DATE OF BIRTH (month, day, and year) May 1831

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 97 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber - 59

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Aaron Saltzman -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Dresa ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania -

14 Informant Mrs Oscar Saltzman

(Address) 3326 Garrison Blvd

15 Filed 5-24 1928 H. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 24, 1928, that I last saw him alive on May 23, 1928, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardio - vascular collapse

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of — -

Was there an autopsy? no —

What test confirmed diagnosis? clinical findings

(Signed) Anthony V. Bruchmes M. D.

, 19 (Address) 37 S. Stricker St -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Herzel Rosedale — DATE OF BURIAL 5/24 1928

20 UNDERTAKER Jack Levi — ADDRESS 1439 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

Michel

34212

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

24-001

E 34212

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 E. Spring Ave., ST., 26th WARD)

2-FULL NAME John George Michel

(a) RESIDENCE NO. 40 E. Spring Ave., Raspeburg, ST., 26th WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J. Michel

6 DATE OF BIRTH (month, day, and year) May 20, 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 68 | | 2 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Michel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Emerine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Dora Pfaff

(Address) 40 E. Spring Ave., Raspeburg, Md.

15 Filed 4 1926 19 C. HAMILTON JONES, M. D. Registrar

Pay Rick

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 19 28

17

I HEREBY CERTIFY, That I attended deceased from May 22nd, 19 28, to May 23, 19 28, that I last saw h im alive on May 22nd, 19 28, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Williamson, M. D.

5-23, 19 28 (Address) 5713 Belair Rd., Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL May 24, 28

20 UNDERTAKER Josiah Syber ADDRESS 1600 W. North

Spec.—1-10-21—M&T—1500 Bks.

E 34213

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

117 E 34213

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Gen Hospital (ST. or HOSP.) WARD

2-FULL NAME Henry Schultz

(a) RESIDENCE NO. 1541 Hollins ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23 1925

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 3 | 5 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or Town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Schultz

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna McDonough

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant Henry Schultz

(Address) 1541 Hollins St

15 Filed 4 1928 . 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/21 . 1928 , to 5/23 . 1928.

that I last saw him alive on 5/23 . 1928.

and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Streptococcic Peritonitis following Acute Appendicitis.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocarditis , (duration) Oedema of lungs. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? Yes. Date of 5/21/28

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory & Operation

(Signed) William M. Chase M. D.

. 19 (Address) So Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cortland

DATE OF BURIAL 5/25 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Balto

ec.—2-29-28—L. F. S.—500 Bks.

Bowdoin, North & Dallas

E 34214

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 34214

8-12

1—PLACE OF DEATH

REGISTERED NO. .....

ITY OF BALTIMORE: (No. 2218 Heneman ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edmund C. Piercy

(a) RESIDENCE NO. 2218 Heneman ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Married |

If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Virginia E. Piercy

6 DATE OF BIRTH (month, day, and year) Oct 1-1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 44 | 7 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Samuel D Piercy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Alice V. Spies

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Virginia E. Piercy

(Address) 2218 Heneman St.

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21-1928

17 I HEREBY CERTIFY, That I attended deceased from 8-9- , 1927, to 5-21- , 1928, that I last saw h im alive on 5-21- , 1928 and that death occurred, on the date stated above, at 8 36 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Nephritis

..... (duration) ..... yrs. 9 mos. 14 ds.

CONTRIBUTORY (Secondary) Uraemia —

..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis + Physical.

(Signed) Georgia Bowden, M. D.

5/24, 1928 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet Cem | May 24 1928 |
| 20 UNDERTAKER Winebrenner | ADDRESS 502 E North. |

ec.—2-29-28—L. F. S.—500 Blks.

E 34215

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34215

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No.) 302 Cedar Croft Rd (WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine C. Wilt

(a) RESIDENCE NO. 302 Cedar Croft Rd.

(Usual place of abode) WARD

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

EX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed or Divorced (write the word): Widowed

If married, widowed, or divorced (or) WIFE of: Jacob A. Wilt

DATE OF BIRTH (month, day, and year): Jan 11-1848

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 4 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home.

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: John W. Hagger.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Boston Mass

12 MAIDEN NAME OF MOTHER: Lavinia Cooper.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Jos. L. Hagger

(Address) 302 Cedar Croft Rd.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23-1928

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 23, 1928,

that I last saw h[illegible] alive on May 22, 1928

and that death occurred, on the date stated above, at 4 45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmhage

Left Hemiplegia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical appearances

(Signed) Irvin Eberly, M. D.

May 25 1928 (Address) 701 W Lan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rosedale Hill Park Pa

DATE OF BURIAL: 5/25 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

c.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34216

## CERTIFICATE OF DEATH

E 34216

1—PLACE OF DEATH Sydenham Hospital REGISTERED NO. 9-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ST., WARD)

2—FULL NAME Dolores Johnson

(a) RESIDENCE NO. Chestnut Ave, Rosedale Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Infant |

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Sept 11, 1927

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 8 | 12 | |

CCUPATION OF DECEASED

a) Trade, profession or artirular kind of work

b) General nature of industry, usiness, or establishment in hich employed (or employer)

c) Name of employer

IRTHPLACE (city or town) State or country) Baltimore, Md.

0 NAME OF FATHER Lawrence Johnson

1 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md.

2 MAIDEN NAME OF MOTHER Dorothea Taylor

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Sydenham Hosp Records.

(Address)

Filed ..... 19 ..... C. HERBERT JONES, M. D. Registrar

MAY 24 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 - 28

17 I HEREBY CERTIFY, That I attended deceased from May 23, 19 28, to May 23, 19 28,

that I last saw h.. alive on May 23, 19 28

and that death occurred, on the date stated above, at 1.15 P.m.

The CAUSE OF DEATH* was as follows:

Tonsillar, Nasal + Laryngeal Diphtheria

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Culture

(Signed) H Bachman, M. D.

, 19 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 5/24 1928

UNDERTAKER W. Cook

ADDRESS 502 E. Mulberry

Spec.—I-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34217

## CERTIFICATE OF DEATH.

100 E 34217

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 433 Hutchins ave ST., 77-46 (WARD) Govan

2-FULL NAME Floyd Johnson

(a) RESIDENCE NO. 433 Hutchins ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Infant - |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 28 - 27

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 0 | 7 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant - dd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Lillian Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany Md

14 Informant Selina Johnson (Address) 433 Hutchins ave

15 Filed 5-24 1928 C. HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from April 10 1928 to May - 23 1928, that I last saw him alive on May 23. 1928, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H C Beers. M. D.

5-23 1928 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lebanon DATE OF BURIAL May 24 28

20 UNDERTAKER Wm. P. A. Elliott ADDRESS 1725 Eastlind

...c.—2-29-28—L. F. S.—500 Bks.

4237 E 34218

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

101-001 E 34218

1—PLACE OF DEATH

...TY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 179 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Gerk

(a) RESIDENCE NO. 129 N. Elsham ST., 6 WARD
(Usual place of abode)

...gth of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

...EX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): —

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

...ATE OF BIRTH (month, day, and year) 7-10-28

...GE: Years | Months: 10 mths | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 0 0

(c) Name of employer

...IRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Fred Gerk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Zoberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

Filed ... 19 ... Registrar

4-1929 HARRY J. JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-22-28

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to May 22, 1928, that I last saw her alive on May 22, 1928 and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Acute Primary Pneumonia (Lobar)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bilateral Otitis Media

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | May 25 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Lilly & Jeiler Inc | 408 S. Howard St |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34219

100-001

E 34219

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 112 N. Vincent St. 19-27 Ward)

2-FULL NAME Monter Alexander

(a) RESIDENCE NO. 112 N. Vincent St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29th 1923

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 4 | 6 | 23 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER L. Alexander
11 BIRTHPLACE OF FATHER (City or town) N. C.
(State or country)
12 MAIDEN NAME OF MOTHER Amy Cheeson
13 BIRTHPLACE OF MOTHER (City or town) N. C.
(State or country)

14 Informant Amy Alexander
(Address) 112 N. Vincent

15 Filed ..... 19 ..... CLAYTON JONES, M. D.
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

..... (duration) 1 yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

May 25 1928 (Signed) Thos. B. Noonan M. D.
(Coroner)
(Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Norfolk Va | 5-25-28 |

20 UNDERTAKER Joseph A. Lirch ADDRESS 403 N. Mont St

Spec.—6-9-19—H. P. Co.—1000 Bks.

34220

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

10 E 34220

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Caton ave ST. 20-20 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Collins

(a) RESIDENCE. NO. 216 Caton ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colord | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Collins

6 DATE OF BIRTH (month, day, and year) Dont Know

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | dont Know | Dont Know | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elliott City Md.

PARENTS

10 NAME OF FATHER James Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elliott City Md

12 MAIDEN NAME OF MOTHER Susan Frazier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elliott City Md

14 Informant Maggie Collins

(Address) 216 Caton ave

15 Filed ....., 19.. C. EARNON JONES, M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 12, 1928, to May 23, 1928, that I last saw h live on May 23, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Paralysis of throat
Paralitis, Cystitis
& mural Chakelosis old age

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. J. Schaumel, M. D.

19 (Address) 2811 Harwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Star Cemetery | 5/26/ 1928 |
| 20 UNDERTAKER | ADDRESS 322 |
| Mrs. Katie R. Williams | J. Schaumel |

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34221 E 34221

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 837 W. Lombard St. ST. 18-29 WARD 11-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Kratz.

(a) RESIDENCE NO. 837 W. Lombard St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) July 27, 1893.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 34 | 9 | 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shirt presser

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Overall Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Edward N. Kratz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Addie Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. Addie Kratz,

(Address) 837 W. Lombard St.

Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1928.

17

I HEREBY CERTIFY, That I attended deceased from May 10. 1928. to May 22. 1928.

that I last saw him alive on May 22. 1928.

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Following Acute La Grippe)

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Acute La Grippe

(duration) — yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam Etc.

(Signed) [illegible], M. D.

(Address) 838 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | 5/25/28 |
| 20 UNDERTAKER | ADDRESS |
| Harry A. Witzke | 531 W Lombard St |

Spec.—1-10 21—M&T—1500 Bks.

Charles Booth

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34222

## CERTIFICATE OF DEATH.

E 34222

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital ST. 100 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Booth

(a) RESIDENCE NO. Charles & Lia Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 70 ? Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed 4 1928 By C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/22/1928

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to May 22, 1928, that I last saw h[illegible]ve on May 22, 1928, and that death occurred, on the date stated above, at 5:25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

2w hospital 3 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William Patrick O'Reilly M. D.

5/22 1928 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAY 24 1928

20 UNDERTAKER: [illegible] Health

ADDRESS

Dec.—1-12-23—M&T—500 Bks.

E 34223

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34223

## CERTIFICATE OF DEATH.

101-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 3-4 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Shandelin

(a) RESIDENCE No. 222 Vernon Court WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | Single |

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) ?

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (?)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Washington (State or country) D. C.

10 NAME OF FATHER Beverly Shandelin

11 BIRTHPLACE OF FATHER (city or town) Washington (State or country) D. C.

12 MAIDEN NAME OF MOTHER Rose Riley

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

BALTIMORE CITY HOSPITALS

Informant

(Address) Records

Filed 4 1928 3158 19 C. HAMPSON JONES, M.D. Registrar RFM

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/1928.

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1928. to May 21, 1928

that I last saw him alive on May 21, 1928.

and that death occurred, on the date stated above, at 6:40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Surg.

(Signed) C. Holmes Gwynn M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS MAY 24 1928

ec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34224

## CERTIFICATE OF DEATH

31

E 34224

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2513 Eastern ave (WARD)

2—FULL NAME Anna Delores Connor

(a) RESIDENCE NO. 2513 Eastern ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (Write the word) |
|---|---|---|
| F | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 29-1902

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 6 | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balt

10 NAME OF FATHER John Connor

11 BIRTHPLACE OF FATHER (city or town) Balt (State or country)

12 MAIDEN NAME OF MOTHER Mary Lauttman

13 BIRTHPLACE OF MOTHER (city or town) Balt (State or country)

Informant John Connor

(Address) 2513 Eastern

Filed ..... 19 HAMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 / 28.

17 I HEREBY CERTIFY, That I attended deceased from August, 1926, to May 22, 1928,

that I last saw h alive on May 21, 1928

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reuben Gruning, M. D.

19 (Address) 1900 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | 5/25 19 28 |
| 20 UNDERTAKER John A Moran | ADDRESS 3000 E Balto |

c.—2-29-28—L. F. S.—500 Bks.

Lillian A Lohmeyer

34225

# HEALTH DEPARTMENT—CITY OF BALTIMORE

47 E 34225

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2240 Booth. ST., W-6 WARD)

2—FULL NAME Lillian A Lohmeyer

(a) RESIDENCE NO. 2240 Booth ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W | Married |

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of wife of Geo R. Lohmeyer

ATE OF BIRTH (month, day, and year) Feb 9, 1876

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 52 | | 3 | 14 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Winchester
(State or country) Va.

10 NAME OF FATHER Christian Everdrade

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Eleanor Hoffman

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

Informant Geo R. Lohmeyer
(Address) 2240 Booth

Filed ..., 19 C. HAMILTON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23/28

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1928, to May 23, 1928, that I last saw her alive on May 23, 1928 and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John H Monk, M. D.

, 19 (Address) 1542 W. Baltimore.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | May 25 1928 |
| 20 UNDERTAKER George J Smith | ADDRESS 1532 Hollins |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34226 E 34226

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 St Paul St. ST., 12-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliana Paca Daniels

(a) RESIDENCE No. 2018 St Paul St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-30-1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 7 | 22. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph D. Daniels.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Prebiana C Paca.

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Esteban E. Daniels. (Address) 2018 St Paul St.

15 Filed 4 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22-28.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1927, to May 22, 1928.

that I last saw her alive on May 21, 1928,

and that death occurred, on the date stated above, at 2.a m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(Valvular Insufficiency and Hypertrophy)

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill M. D.

, 19 (Address) Residence R1 Hoy Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: 5-25-28

20 UNDERTAKER: Martin Fahey & Sons ADDRESS: 1825 W North Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 34227

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

182 E 34227

REGISTERED NO.

1-PLACE OF DEATH Found - Chesapeak Bay

City of BALTIMORE: (No. Thompson Point St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Insley

(a) RESIDENCE NO. 1802 4 Pulaski St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Everett Insley

6 DATE OF BIRTH (month, day, and year) May 21 1901

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 26 | 9 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER J. W. Simpkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lou Minter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant R. F. Simpkins

(Address) Hayfork Va.

15 Filed 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner)

5 24 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pantico Md Date of Burial May 25 1928

20 UNDERTAKER John Ulrich ADDRESS 2008 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34228
1-PLACE OF DEATH Found in Bay 28

## CERTIFICATE OF DEATH.

182 E 34228
REGISTERED NO.

City of BALTIMORE: (No. Thompsons Point St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everett C. Insley

(a) RESIDENCE NO. 1805 N Paulskirk St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Insley

6 DATE OF BIRTH (month, day, and year) April 14 1878

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 30 | 1 | 3 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Captain of Barge 086
(b) General nature of industry, business, or establishment in which employed (or employer) Eastern
(c) Name of employer Transportation Co

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward C Insley
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Mary Redmond
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs Mary Insley
(Address) 1805 N Paulskirk

15 Filed ..... 19 .....
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

..... (duration) Instant yrs. mos. ds.
CONTRIBUTORY (Secondary)
..... (duration) yrs. mos. ds.

(Signed) James M Fenton M. D.
(Coroner)
19 (Address) 702 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions; Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hanlicks Md Date of Burial May 30 28
20 UNDERTAKER John Ulrich ADDRESS 2008 Orleans

Cor.—12-9-25—A Co.—200 Bks.

E 34229

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

182 E 34229

REGISTERED NO._____

1-PLACE OF DEATH Found - Chesapeake Bay

City of BALTIMORE: (No. Thompsons Point St., 15-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everett D. Insley

(a) RESIDENCE NO. 1854 Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) Dec 21 1924

7 AGE — Years: 3 — Months: 5 — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Everett Insley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace Simpkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Mrs Insley

(Address) 1854 Eutaw St

15 Filed 1928 C. HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M. Kemler M. D.

(Coroner)

5 24 1928 (Address) York Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pontiac Md — Date of Burial: May 26 1928

20 UNDERTAKER: John Ellerick — ADDRESS: 2008 Albans

Cor.—12-9-25—A Co.—200 Bks.

E 34230

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

18 E 34230

REGISTERED NO.

1-PLACE OF DEATH Found - Chesapeake Bay

City of BALTIMORE: (No. 57 Hamburg Road St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Insley

(a) RESIDENCE NO. 1806 N Duke St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 26 1923

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 4 | 7 | 27 | |

8 OCCUPATION OF DECEASED

(c) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Jacksonville

(State or country)

PARENTS

10 NAME OF FATHER Everett Insley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace Simpkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Louisiana

14 Informant Mrs Insley

(Address) 1806 N Duke St

15 Filed....., 19

RRA Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

Sudden (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Fenton M. D.

(Coroner)

5 24 1928 (Address) Fort Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Md — Date of Burial May 25, 28

20 UNDERTAKER John Ellicott — ADDRESS 201 S Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34231 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34231

44

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1034 N. Castle St., 7-13 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William T. Moore

(a) Residence No. 1034 N. Castle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 24 ds How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Moore

6-DATE OF BIRTH (month, day and year) May 31 1863

7-AGE, 65 yrs. 11 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Iron Moulder

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Hartge Bros

9-BIRTHPLACE (city or town) Balto. (State or Country), Md.

PARENTS:

10-NAME OF FATHER, John T. Moore

11-BIRTHPLACE OF FATHER (city or town) Balto. (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah A. [illegible]

13-BIRTHPLACE OF MOTHER (city or town) Balto. (State or Country), Md.

14- (Informant) Mary Moore

(Address) 1034 N. Castle St.

15- Filed. 1928 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 5. 24. 28.

I HEREBY CERTIFY, That I attended deceased from November 1st 1927 to May 24th 1928.

that I last saw him alive on May 4th 1928.

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(Duration) 7 mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles H. A. Meyer, M. D.

5/24, 1928 (Address) 1031 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| Family Cem | May 26 1928 |
| 20-UNDERTAKER. John Ullrich | ADDRESS 28 E. Preston |

pec.—1 12-23—M&T—500 Bks.

34232

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34232

## CERTIFICATE OF DEATH.

REGISTERED NO. 10[illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Ensor Street ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. Keyes

(a) RESIDENCE NO. 1419 Ensor Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie E. Byrne

DATE OF BIRTH (month, day, and year) May 27, 1884

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 11 | 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trucker

(b) General nature of industry, business, or establishment in which employed (or employer) Penn. R. R.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Edward Keyes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. Burgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

PARENTS

14 Informant Mrs. Marie E. Keyes

(Address) 1419 Ensor Street

15 Filed [illegible] 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-21, 1928, to 5-22, 1928, that I last saw h[illegible] alive on 5-22, 1928, and that death occurred, on the date stated above, at 4 [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Jones M. D.

5-23, 1928 (Address) 914 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 5/25 1928

20 UNDERTAKER Rita Friedfeld

ADDRESS 914 Greenmount Ave

Murphy

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34233 E 34233

## CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1647 W. Lexington ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine A. Murphy

(a) RESIDENCE No. 1647 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Murphy

DATE OF BIRTH (month, day, and year) Dec. 3, 1851

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 76 | 5 | 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Patrick Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Lerner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant. Anne T. Murphy

(Address) 1647 W. Lexington St.

Filed 4 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 19 28

17 I HEREBY CERTIFY, That I attended deceased from 21 May, 1928, to 23 May, 1928, that I last saw her alive on 23 May, 1928, and that death occurred, on the date stated above, at 3.12 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - acute

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypertension - Obs.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Non.

(Signed) Attending Physician M. D.

5/14, 1928 (Address) 11 S. Carey Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

New Cathedral Cemetery May 26 19 28

20 UNDERTAKER Baker & Cook — ADDRESS 923 West Baltimore St

pec.—1-12-23—M&T—500 Blks.

(Sprinkle)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34234

CERTIFICATE OF DEATH. E 34234

1-PLACE OF DEATH University Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lombard & Greene ST. 4-20 WARD)

2-FULL NAME John Louis Sprinkle

(a) RESIDENCE NO. Hampstead, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of Annie Sprinkle (or) WIFE of

DATE OF BIRTH (month, day, and year) May 25, 1884

| AGE ~~44~~ Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 11 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Sprinkle

11 BIRTHPLACE OF FATHER (city or town) (State or country) — —

12 MAIDEN NAME OF MOTHER Mary Trumbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Record. (Address)

15 Filed , 19 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 19 28

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 24, 1928, that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 8 45 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. W. Kipfschneider, M. D.

5/24 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 5/26 1928

20 UNDERTAKER Wm Cook — ADDRESS 537 E Monument St

Spec.—1-12-23—M&T—500 Bks.

34235

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 01 34235

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S Port St. ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Okonski

(a) RESIDENCE NO. 810 S Port St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 21 1924

| AGE | Years | Months | Days | If LESS than 1 day, hrs or ... min. |
|---|---|---|---|---|
| | 4 | 0 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Walter Okonski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Victoria Chmielewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Victoria Okonski

(Address) 810 S Port St.

15 Filed ... C. HAMPTON JONES, M. D.

1928 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 22, 1928, that I last saw h... alive on May 22 1928 and that death occurred, on the date stated above, at 9 a. m

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Nathan Schmidt, M. D.

, 19 (Address) 1430 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus May

DATE OF BURIAL 25 1928

20 UNDERTAKER John M Weber 401 S Chester St

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 34236

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34236

## CERTIFICATE OF DEATH.

60-001

1-PLACE OF DEATH Church Home Infirmary.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 1-1 WARD)

2-FULL NAME Mrs Agnes Buzykorski

(a) RESIDENCE No. 1224 S. Ellwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4-1900

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | 1 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Stanislaus Beyzyia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Maryanna Wiezorek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Maryanna Beyzyia 1224 S Ellwood Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/22 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/3/28, 19..... to 5/22/28. 19.....

that I last saw her alive on 5/22/28, 19.....

and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of heart

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 5/21/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ronald A. Cof M. D.

(Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus

DATE OF BURIAL May 26 1928

20 UNDERTAKER John M Weber

ADDRESS 401-2 Chester St

E 34237. HEALTH DEPARTMENT—CITY OF BALTIMORE 101 E 34237

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2310 Cambridge St. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teofila Smiarowska

(Residence in Baltimore: No. 2310 Cambridge St. 24 St.; yrs. mos. ds.)

## PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE. | 5-Single, Married, Widowed, or Divorced, (Write the word.) |
|---|---|---|
| Female | White | Married |

6-DATE OF BIRTH. June 28 1857
(Month) (Day) (Year)

7-AGE. 40 yrs. 10 mos. 24 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Poland

PARENTS.

10-NAME OF FATHER, Frank Romataski

11-BIRTHPLACE OF FATHER, (State or Country). Poland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Smiarowski

(Address) 2310 Cambridge St.

15- Filed 4 1928 C. HAMPSON JONES, M. D. Registrar.

## CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 24 1928
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

1928 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Holy Rosary May 26 1928

20-UNDERTAKER. ADDRESS
John M. Weber 401 E. Chester

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34238

## CERTIFICATE OF DEATH.

182 E 34238

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of Carrie St. 1-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Plucinski Or Miller

(a) RESIDENCE NO. 2510 Fait Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 6 1886

7 AGE: Years 42 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Maker

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Poland

PARENTS

10 NAME OF FATHER: Peter Plucinski

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Catherine Kaznecka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Catherine Plucinski

(Address): 2510 Fait Ave

15 Filed 1925 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23 1925

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

a 00

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

24, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Mary

Date of Burial: 25 1925

20 UNDERTAKER: John or Wilber

ADDRESS: 40 Chester

Spec.—1-10-21—M&T—1500 Bks.

E 34239

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34239

## CERTIFICATE OF DEATH.

X 135

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 100 N. Calhoun ST. WARD 19-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Johnston

(a) RESIDENCE NO. Perryman. Md ST., WARD ~~Perryman. Md~~

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~69~~ yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6 DATE OF BIRTH (month, day, and year) Feb 2-1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 ~~70~~ | 3 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Ky Tawney & Son (Address) Aberdeen. Md.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to May 24, 1928, that I last saw h[illegible] alive on May 24, 1928, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate gland (benign).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1/31/28

Was there an autopsy? No

What test confirmed diagnosis? examination

(Signed) Louis N. Hellin M. D.

19 (Address) Franklin Square Hosp Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union M[illegible] Aberdeen. Md DATE OF BURIAL May 24 1928

20 UNDERTAKER Wm J Tuckwell Son ADDRESS N. Va

—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34240

10-002

E 34240

## CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Sydenham Hospital ST. 6-11 WARD)

FULL NAME Albert Giordiano

(a) RESIDENCE NO. 119 N. Curley St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) March 13, 1927

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 2 | 11 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Giordiano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant John Giordiano

(Address) 119 N. Curley St.

Filed ....., 19 .....

[illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to May 24, 1928, that I last saw him alive on May 24, 1928 and that death occurred, on the date stated above, at 11 00 A m.

The CAUSE OF DEATH* was as follows:

Nasal, Pharyn. & Laryngeal Diphtheria

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of May 24, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

5/24, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL May 25 1928

20 UNDERTAKER Frank V. Pepitone — ADDRESS 2818 E Balto St

...c.—2-29-28—L. F. S.—500 Bks.

213429 E 34241

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51 E 34241

1—PLACE OF DEATH

REGISTERED NO.

...ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Enrico Palumbi

(a) RESIDENCE NO. 3207 East Pratt ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

...ngth of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| ...EX | 4 COLOR OR RACE | 5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

...ATE OF BIRTH (month, day, and year) Unknown

| ...GE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 3 yrs | | | mo. | |

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

...IRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Anthony Palumbo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Elizabeth Berardi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Parents
(Address) JOHNS HOPKINS HOSPITAL

Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24-1928

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to May 24, 1928, that I last saw h... alive on May 24, 1928 and that death occurred, on the date stated above, at 1 00 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic Fever

(duration) yrs. 4 mos. - ds.

CONTRIBUTORY (Secondary) Rheumatic Endocarditis myocarditis and pericarditis (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) ... M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL May 26 1928

20 UNDERTAKER Frank V. Pipitone — ADDRESS 2413 E Baltimore St

Spec.–7-17-26—A Co.—200 Blks.

34242

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

31 E 34242

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 113 N. Carrollton Ave St.) (26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leotha J Hockett

(a) RESIDENCE NO. 113 N. Carrollton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence Hockett

6 DATE OF BIRTH (month, day, and year): Nov. 24 1886

7 AGE: Years 41 Months 7 Days 29 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Waitress

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Levin McGlothlin

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Henry

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Rose McGlothlin

(Address) 113 N. Carrollton

15 Filed MAY 26 1928 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/17/ 28, 19..., to 5/23/ 28, 19...

that I last saw h alive on 5/23/ 28, 19...

and that death occurred, on the date stated above, at 6:00 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

about 4

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Recurrent Bronchitis

about 6

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no clinical

What test confirmed diagnosis?

(Signed) Jos Bowers, M. D.

5/23/ 19 28 (Address) 1708 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: May 26 19 28

20 UNDERTAKER: John H Toadvine — ADDRESS 1027 Bend Hill

pec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34243

## CERTIFICATE OF DEATH.

E 34243

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (Ward) 17-50 47

2-FULL NAME Sarah Rebecca Stoops

(a) RESIDENCE No. 312 Whitemarsh Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | White | SINGLE |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John W.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Hospital Records
(Address)

Filed 1928 , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-21 , 1927, to 5-23 , 1928

that I last saw her alive on 5-23 , 1928

and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Both Breasts

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms & Biopsy

(Signed) M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL May 25 1928

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

Napochowski

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

16 E 31244

E 31244

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST., 713 (WARD)

2-FULL NAME Deby Napechowski

(a) RESIDENCE NO. 911 N. Caroline ST., ..... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23-28

7 AGE — Years — Months — Days — If LESS than 1 day, 23 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — child

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leo Napechowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Stelmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant L. Napechowski (Address) 911 N. Caroline St.

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27/28 19

17 I HEREBY CERTIFY, That I attended deceased from 5/23/28 19 to 5/27/28 19

that I last saw living on 5/27/28 19

and that death occurred, on the date stated above, at 12 N. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. ..... mos 23 hrs.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lawrence Fahnestock M. D.

19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: May 29 1928

20 UNDERTAKER: J. W. Dragenis — ADDRESS: 1930 Eastern Ave.

pec.—1-12 23—M&T—500 Bks.

E 34245 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34245

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 17-16 WARD)

2-FULL NAME Paige Washington

(a) RESIDENCE NO. 618 Harleston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | ~~Married~~ Divorced |

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 1891

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 37 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Wm King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Shelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) BALTIMORE CITY HOSPITALS

Filed 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-20, 1928, to 5-24, 1928, that I last saw him alive on 5-24 1928, and that death occurred, on the date stated above, at 9:00 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis, General
Hypertention
Myocarditis, acute

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilis (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Lab

(Signed) Holmes Boyd, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cem DATE OF BURIAL May 27 1928

20 UNDERTAKER Samuel Hawley ADDRESS 527 N Bradford

MAY 26 1928 FRANCIS JONES, M. D.

Spec.–7-17-26–A Co.—200 Bks.

E 34246

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

2 E 34246

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St. (Ward) 7435

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Schaefer

(a) RESIDENCE NO. 1618 E Clement St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 8 1921

7 AGE — Years: 6 Months: 6 Days: 16 IF LESS than 1 day.....hrs. or.. min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Dominic Schaefer

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Charlotte Westinghouse

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant (Address) Hospital Records

15 Filed 19 Registrar

25 1928 Post

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/24 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/23. 1928, to 5/27. 1928

that I last saw h.. alive on 5/24. 1928.

and that death occurred, on the date stated above, at 1.23 P.M.

The CAUSE OF DEATH* was as follows:

Anterior poliomyelitis

(duration) 2 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Convulsions, Respiratory failure

(duration) yrs. mos. 2 hrs.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign

(Signed) Jno. O'Donovan C. M. D.

19 (Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Co. Date of Burial 5/25 1928

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34247 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34247

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 2213 Wilkens Ave. St. 20-28 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Teresa M Coyle

(a) Residence No. 2213 Wilkens Ave St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 17 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX | 4-COLOR OR RACE | 5-Single, Married, Widowed, or Divorced, (Write the word.) |
|---|---|---|
| Female | White | Married |

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Frank F Coyle

6-DATE OF BIRTH (month, day and year) Nov 7 1873

7-AGE. 54 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)...

(c) Name of employer...

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, August Hessler

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Emma Meissman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (informant) Antoinette Stock

(Address) 2935 Belmont Ave

15- Filed ... 1928 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 24 28

17- I HEREBY CERTIFY, That I attended deceased from May 3 1928 to May 24 1928 that I last saw h.. alive on May 24 1928 and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis. Chr
Interstit Nephritis.
Arteriosclerosis

(Duration) ... yrs. Uncertain mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ... yrs. ... mos. 1 ds.

18-Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D.

May 27 19 (Address) 210 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL, |
|---|---|
| New Cathedral Cemetery | May 26 19 28 |

20-UNDERTAKER, Harry H Ahrnsen ADDRESS 4204 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Bks. See Letter in file from Dr Grey dated May 29-1928

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34248

## CERTIFICATE OF DEATH.

× 44 E 34248

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (Ward) 1-9

REGISTERED NO.

*(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Arthur Clifton Powell, Jr.~~ Clifton Latham Powell

(a) RESIDENCE NO. Stony Run Lane ST., WARD Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theodora Sumner

6 DATE OF BIRTH (month, day, and year) Oct 29 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 7 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Professor of English

(b) General nature of industry, business, or establishment in which employed (or employer) English

(c) Name of employer Amherst College

9 BIRTHPLACE (city or town) York Pa
(State or country)

PARENTS

10 NAME OF FATHER Arthur C Powell

11 BIRTHPLACE OF FATHER (city or town) Dayton
(State or country) Ohio

12 MAIDEN NAME OF MOTHER Helen B Hardy

13 BIRTHPLACE OF MOTHER (city or town) Columbus
(State or country) Ohio

14 Informant Rev Arthur C Powell
(Address) Stony Run Lane

15 Filed MAY 25 1928 H. M. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1928, to May 25, 1928, that I last saw h[illegible] alive on May 24, 1928, and that death occurred, on the date stated above, at 4:50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma, stomach

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of March 23, 1928

Was there an autopsy? No

What test confirmed diagnosis? Exploratory Laparotomy

(Signed) [illegible] M. D.

May 25 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL David Ridge — DATE OF BURIAL May 26 1928

20 UNDERTAKER Henry A Jenkins Sons Co — ADDRESS McCulloh & Orchard Sts

Spec.—1-12-23—M&T—500 Bks.

E 34249 HEALTH DEPARTMENT—CITY OF BALTIMORE — 001 E 34249

# CERTIFICATE OF DEATH.

REGISTERED NO. 122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2619 Wilkens ST. (WARD) 20th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J. Welsh

(a) RESIDENCE NO. 2619 Wilkens ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Welsh

DATE OF BIRTH (month, day, and year) July 10th 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 60 | 10 | 13 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer —

8 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

9 NAME OF FATHER Thomas J. Welsh

11 BIRTHPLACE OF FATHER (city or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Eleanor Hamphill

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Margaret E. Welsh

(Address) 2619 Wilkens Ave

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 23, 1928,

that I last saw him alive on May 23, 1928

and that death occurred, on the date stated above, at 5:30 p m

The CAUSE OF DEATH* was as follows:

Myocarditis - Hypostasis

Edema of Lungs

Interstitial Nephritis

(duration) Months

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. H. Welsh, M. D.

May 25, 1928 (Address) 2570 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL May 29 1928

20 UNDERTAKER F. B. Wippert ADDRESS 1851 N. Calvert St

Spec.—1-12-23—M&T—500 Blks.

1928

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34250 — 129 E 34250

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Garrison Blvd ST. Geo. Ed. Apt 2 WARD)

~~2-FULL NAME~~

(a) RESIDENCE NO. 4410 Garrison Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: E. Mantle Apt 2

7 DATE OF BIRTH (month, day, and year): May 19 1873

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 55 | — | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Bangle Fertilizer

(c) Name of employer: Geo.

9 BIRTHPLACE (city or town) (State or country): Cecil Co. Md

10 NAME OF FATHER: Levin Apt 2

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Elizabeth Neale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs Geo Ed Apt 2 4410 Garrison Blvd

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1925, to May 22, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis + Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical + laboratory

(Signed) N. Alpert, M. D.

, 19 (Address) 2350 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May 25 1928

20 UNDERTAKER: H. S. Wesfeldt — ADDRESS: 1523 N. Paca St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34251

## CERTIFICATE OF DEATH.

112 ✓

E 34251

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1600 N. Vincent St. Ward 15-24)

2-FULL NAME Alfred Dorsey

(a) RESIDENCE NO. 1600 N Vincent St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) March 15 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day .... hrs. or .... min. |
|---|---|---|---|---|
| | 43 | 2 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Junk Dealer.

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Prince Georges Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER Dan'l Dorsey

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Emma Jones

(Address) 1600 Vincent St.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion (duration) ..... yrs. ..... mos. few hours.

CONTRIBUTORY (Secondary) Error of diet (duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. E. Lauch M. D. (Corner) Coroner.

May 24 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial May 26 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 130 Pulaski St

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34252

## CERTIFICATE OF DEATH

128 E 34252

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 267 Roberts St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wall

(a) RESIDENCE NO. 26 + Roberts St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida. Hall.

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1887

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| 40 | 40 | 7 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Hall

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah McGuire

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Ida Hall

(Address) 2164 Robert St

15 Filed 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 18, 19 28, to May 27, 19 28

that I last saw h.. alive on May 27, 19 28,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

Nephritis (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. L. Hatcher M. D.

5/27 19 28 (Address) 1115 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — Date of Burial May 25 19 28

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Preastman St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 34253 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 34253

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 737 George St. 17-21 Ward

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alw. B. Stringer

(a) RESIDENCE. No. 737 George St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | Col | Married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Stringer

6 DATE OF BIRTH (month, day, and year) Dec 25 1887

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | 4 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) Martinsburg (State or country) Va

PARENTS

10 NAME OF FATHER Wm Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James Stringer (Address) 737 George St

15 Filed ....., 19.... C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1927, to May 21, 1928, that I last saw h[illegible] alive on May 21, 1928, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S B Hughes, M. D.

5/24 19 28 (Address) 1413 D. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL May 26 1928

20 UNDERTAKER Chas. H. Case & Son — ADDRESS Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 34254 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34254

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1301 Gilmor ST. (WARD)

2-FULL NAME Sophie Alston

(a) RESIDENCE NO. 1301 Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 6, 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 8 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Edward Alston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Alston

(Address) 1301 Gilmor St

15 Filed MAY 25 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to May 23, 1928, that I last saw h[illegible] alive on May 22, 1928, and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

5/23, 1928 (Address) 928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL May 25 1928

20 UNDERTAKER Wm. H. Chase & Son — ADDRESS 1406 Mc Shea

Spec.—1-10-21—M&T—1500 Blks.

E 34255

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34255

## CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST. 6-4 WARD)

2-FULL NAME Addison Miles

(a) RESIDENCE No. Bel-Haven N. C. ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette Miles.

6 DATE OF BIRTH (month, day, and year) December 22. 1865.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 62 | 5 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Proprietor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Upper Fairmont
(State or country) Somerset Co. Md.

PARENTS

10 NAME OF FATHER Daniel W. Miles.

11 BIRTHPLACE OF FATHER (city or town) Somerset Co. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Leah Hall.

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co. Md.
(State or country)

14 Informant Harry B. Miles,
(Address) Upper Fairmont Md.

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

25 1928 By ....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-27, 1928, to 5-27, 1928, that I last saw h alive on 5-27, 1928, and that death occurred, on the date stated above, at 5:40 p m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)
Arteriosclerosis.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) C. Hampton Jones, M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Belhaven N.C. DATE OF BURIAL 19

20 UNDERTAKER Geo W Little ADDRESS

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 34256 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4th E 34256

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Cloney Dr ST. 18 26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E Towson

(a) RESIDENCE. No. 823 Cloney Dr ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year) March 17-1857

7 AGE — Years: 71 — Months: 2 — Days: 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: William Towson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Martha Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Hutenberger
(Address): 823 Cloney st

15 Filed MAY 25 1928 By: R. L. K. Registrar

Per

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1927, to May 24, 1928, that I last saw her alive on May 23, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma

(duration) yrs. 6 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? X Ray.

(Signed) Robt J Murray M D M. D.

5-24, 1928 (Address) 510 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: May 26th 19

20 UNDERTAKER: John Fridd — ADDRESS: 1201 W Lombard st

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 34257 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34257

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Poppleton St. 20-71 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Early.

(a) RESIDENCE. NO. 3931 Edmondson Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Early

6 DATE OF BIRTH (month, day, and year) Feb 7 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 3 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Andrew Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sally Sellman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Sally Rosemarck.
(Address) 3931 Edmondson Ave

15 Filed 1928 H. HAMILTON JONES, M. D. Registrar
25 1928 Per

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1928

17 I HEREBY CERTIFY, That I attended deceased from May. 1926. to 5-24 1928.
that I last saw him alive on 5-23 1928.
and that death occurred, on the date stated above, at 6:55 A m.

The CAUSE OF DEATH* was as follows:
Acute Dilatation of Heart

(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Chronic nephritis, endocarditis and hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. L. Wiseman M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: May 25 1928

20 UNDERTAKER: John J. Fields ADDRESS 4200 W Lombard

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34258

## CERTIFICATE OF DEATH

90

E 34258

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2311 Division Ave. St. 13-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel Chase

(a) RESIDENCE NO. 2311 Division St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 11 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Chase

6 DATE OF BIRTH (month, day and year): May ? 1884

7 AGE: Years 44 Months — Days —

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Charles Co. Md

(State or country)

PARENTS

10 NAME OF FATHER: Frank Coates

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Charles Co. Md

12 MAIDEN NAME OF MOTHER: Mollie Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Charles Co. Md.

14 Informant: Pearl Parker

(Address): 2311 Division St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5 – 23 – 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-22, 1928, to 5-22, 1928, that I last saw her alive on 5-22, 1928, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Unknown probably (duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary): Unknown

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Dan'l A Sevenders, M. D.

5/24/1928 (Address) 1829 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bryantown Maryland — Date of Burial: May 26, 1928

20 UNDERTAKER: Wm. R. A. Elliott — ADDRESS: 1725 Eastlundale

...c.—2-29-28—L. F. S.—500 Bks.

Matricciani

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

D 34259 — 90 E 34259

1—PLACE OF DEATH — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 3-5 WARD)

2—FULL NAME Jessie Matricciani

(a) RESIDENCE NO. 229 South Exeter ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

...ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

...ATE OF BIRTH (month, day, and year) June 7, 1918

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 10 yrs | 1 | 25 | |

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

...IRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER John Matricciani

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Fine Name

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

...Filed ..., 19... ...Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24-1928

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to May 24, 1928, that I last saw h... alive on May 24, 1928 and that death occurred, on the date stated above, at 2.10 A. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

(duration) 4 yrs. 6 mos. ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Allan Blossom, M. D.

5/24, 1928 (Address) The Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

20 UNDERTAKER Weindell & Heppel

DATE OF BURIAL May 26 1928

ADDRESS 300 E Oliver

pec.—2-29-28—L. F. S.—500 Bks.

E 34260

# HEALTH DEPARTMENT—CITY OF BALTIMORE

74-901 E 34260

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3913 Fernwood Ave ST., 26 WARD)

2—FULL NAME Crescentia Kiefer.

(a) RESIDENCE NO. 3913 Fernwood Ave ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth 50 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of late Philipp Kiefer

DATE OF BIRTH (month, day, and year) Feb. 2nd 1849

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 3 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Cornelius Schleininger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Frances Beckser (Daughter)

(Address) 3913 Fernwood ave

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18th. 1928. to May 23rd. 1928.

that I last saw her alive on May 23rd. 1928

and that death occurred, on the date stated above, at 12.30 Noon

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. W. Jones, M. D.

5/24 1928 (Address) 1011 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL |
|---|---|
| Oak Lawn Cemetery | May 26 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly & Zeiler & Co. | 1403 S. Wood St. |

Rec.—2-29-28—L. F. S.—500 Blks.

E 34261

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34261

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. 12th ST., 26 WARD)

2—FULL NAME Mary Leona Danna

(a) RESIDENCE NO. 312 S. 12th ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 21st 1925

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 3 | 3 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Samuel Danna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Marie Duerbeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Samuel Danna (Father)

(Address) 312 S. 12th St.

Filed C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24th 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 21 1928, to May 24 1928, that I last saw her alive on May 24 1928 and that death occurred, on the date stated above, at 6 10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kuntzmann M. D.

(Address) 2579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart Cemetery | May 26 1928 |
| 20 UNDERTAKER Lilly-Zeiler Inc. | ADDRESS 4035 Wash. |

...ec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34262

101-001
Norton
888 N Lemmond

## CERTIFICATE OF DEATH

E 34262

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 307 S. 14th ST., 26 WARD)

2—FULL NAME Ella N. Dandy.

(a) RESIDENCE NO. 307 S. 14th ST., 26 WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm G. Dandy.

DATE OF BIRTH (month, day, and year) Mch 1st 1866

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 62 | 2 | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John Craig.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Hutton

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Wm G. Dandy.

(Address) 307 S. 14th St.

Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24th/28

17 I HEREBY CERTIFY, That I attended deceased from May. 10, 1928, to May. 24, 1928, that I last saw h e w alive on May 24, 1928, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia,

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical & Urine Exam.

(Signed) J. Chas Norton, M. D.

(Address) 888 N Lemmond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Ridge Cemetery | May 28 1928 |
| 20 UNDERTAKER Lilly & Zuke Inc. | ADDRESS 403 S. Wolfe St. |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34263

## CERTIFICATE OF DEATH.

1½ E 34263

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. 13-54 Ward

2-FULL NAME Thos. Barnes

(a) RESIDENCE NO. 2210 Brunt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 31 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country) Balto Co

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant Mrs. M. J. Barnes

(Address) 2210 Brunt

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1925.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

& Cardiac Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Contusion - Right Knee

(duration) ..... yrs. ..... mos. ..... ds.

May 24 (Signed) W. J. Ruley M. D.

, 19 25 (Address) 1629 Bruns

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State 1/2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Bur Date of Burial 5/26 1925

20 UNDERTAKER Daniel Eaton & Co ADDRESS 9/16

Dec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34264

## CERTIFICATE OF DEATH.

100-001

E 34264

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 25 WARD) REGISTERED NO. 573

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Jackson.

(a) RESIDENCE NO. 24 Rd gelly ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) ?1895

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 33 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Calvin W. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Records.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24/1928.

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927 to May 24, 1928 that I last saw her alive on May 24, 1928. and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General appearance.

(Signed) C. Holmes Bond, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 5/26 1928

20 UNDERTAKER: Daniel Eaton

ADDRESS 946 Pa ave

pec.—1-12-23—M&T—500 Bks.

E 34265 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34265

# CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital, ST. 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McKnight

(a) RESIDENCE NO. 750 Redwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | married |

a If married, widowed, or divorced HUSBAND of or) WIFE of Grace McKnight

DATE OF BIRTH (month, day, and year) Nov. 20, 1893

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 34 | 6 | 3 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S."Dorchester"

BIRTHPLACE (city or town) (State or country) Georgia

10 NAME OF FATHER Andrew McKnight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Polly ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant (Address) Records, U.S. Marine Hospital

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 19 28

17

I HEREBY CERTIFY, That I attended deceased from May 22, 19 28, to May 23, 19 28, that I last saw him alive on May 23, 19 28, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myocarditis, acute

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At sea

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination and laboratory findings

(Signed) J. S. Grames M. D.

19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, National Cem

DATE OF BURIAL 5-25-28

20 UNDERTAKER David Carter

ADDRESS 916 Eas

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34266

E 34266

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4517 Hazelwood Ave. ST., Raspeburg WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Scharf

(a) RESIDENCE No. 4517 Hazelwood Ave. ST., Raspeburg WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rosa Scharf

6 DATE OF BIRTH (month, day, and year) March 6th 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 2 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Buck Farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

PARENTS

10 NAME OF FATHER Adam Scharf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Germany

12 MAIDEN NAME OF MOTHER Mary Elsegaer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Germany

14 Informant Mrs Chas. Sturgis (Address) Raspeburg Md.

15 Filed May 24 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17

I HEREBY CERTIFY, That I attended deceased from March 1928, to May 23 1928, that I last saw him alive on May 23 1928, and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Apoplexy

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Magee, M. D.

5/24 1928 (Address) 1100 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL May 26 28

20 UNDERTAKER Frederick Loeschner — ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34267.

## CERTIFICATE OF DEATH.

E 34267.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5426 Belair Road (St.) (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Reinecke

(a) RESIDENCE NO. 5426 Belair Road (Usual place of abode) WARD

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dietrich Reinecke

6 DATE OF BIRTH (month, day, and year) Sept. 17 1850

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|
| 77 | 8 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER Elias Lutz

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bridget Mooney

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country) Ireland

14 Informant William E. Reinecke (Address) 5426 Belair Road

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 23, 1928, that I last saw h[illegible] alive on May 22, 1928, and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (1 yr)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

(Address) 4701 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak Lawn Cemetery | May 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Frederick Lassahn & Sons | Fullerton |

Spec.—1-12-23—M&T—500 Bks.

E 34268

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34268

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 1639 Ashland ST., 7th WARD) Griffin.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane (Downes) Griffin.

(a) RESIDENCE No. 1639 Ashland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col. | Widowed |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alexandra Griffin

DATE OF BIRTH (month, day, and year) May 3-1876

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | | 20 | |

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Sarah Gross
(Address) 1639 Ashland

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/20, 1928, to 5/23, 1928, that I last saw her alive on 5/22, 1928, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Paralytic stroke
Hemiplegia of Rt. side 3rd
Acute Heart disease
(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteio-Sclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jos. R. Blake, M.D.

, 19 (Address) 924 Eisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL 5-26 1928

20 UNDERTAKER Mrs Chas G. Bailey — ADDRESS 1421 Jefferson St

THOMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34269 E 34269

## CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (ST.) 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernice Strand

(a) RESIDENCE NO. 1514 Wilmer Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 20, 1927

7 AGE — Years: — Months: 10 Days: 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Walter Strand

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary Blackburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs. Walter Strand

(Address) 1514 Wilmer Alley

15 Filed ..., 19... JOHNS HOPKINS HOSPITAL Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to May 22, 1928, that I last saw h[illegible] alive on May 22, 1928, and that death occurred, on the date stated above, at 5 45 a m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

5/25 1928 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: MAY 25 1928

20 UNDERTAKER: [illegible] — ADDRESS: Health Dept

Dep. Reg. E. WORDALL

Spec.—1-10-21—M&T—1500 Bks.

E 34270

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34270

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Lee Hoffman Catonsville Md.

(a) RESIDENCE NO. 2 Hilton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pattie Ellicott Hoffman

6 DATE OF BIRTH (month, day, and year) July 2 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 10 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engraver and do

(b) General nature of industry, business, or establishment in which employed (or employer) Stationer

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER George W. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Charlotte Force

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Charles Ellicott Hoffman (Address) 420 Walnut ave

15 Filed 5 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1928, to May 24, 1928, that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 11 02 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

approx (duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Parofitis, non specific

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) H. Hazard Jose, M. D.

5/24, 1928 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL May 28, 1928

20 UNDERTAKER Chas. G. Black — ADDRESS 172 W. North ave

Spec.—7-17-26—A Co.—200 Bks.

(Gressitt)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34271

# CERTIFICATE OF DEATH

E 34271

1-PLACE OF DEATH Md General Hospital REGISTERED NO. 1854

City of BALTIMORE: (No. Madison & Jefferson Sts. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McDermid

(a) RESIDENCE NO. 2410 Jefferson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Gressitt

6 DATE OF BIRTH (month, day, and year): 2-3-1853

7 AGE: Years 75 Months 3 Days 22 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town)

(State or country): Urbana Va

10 NAME OF FATHER: Wm Gressitt

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Urbana Va

12 MAIDEN NAME OF MOTHER: Mary Muse

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Urbana Va

PARENTS

Informant

(Address): Hospital Records

Filed 1928 C. HAMPSON JONES, M. D. Registrar

By RCH

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-20-28 19.. to 5-25-28 19.., that I last saw h. alive on 5-25-28 19.., and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Pernicious Nephritis & Myocarditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-22-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. Date of Burial: May 26 1928

20 UNDERTAKER: John O. Mitchell's Sons ADDRESS: 1900 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

(James John Wilson Wood)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34272 E 34272

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Ramsay Gas ave ST., 27 WARD) REGISTERED NO. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James John Wilson Wood

(a) RESIDENCE No. 515 Ramsay Gas ave ST., 27 WARD 27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion

6 DATE OF BIRTH (month, day, and year) Nov. 17-1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 6 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) Architect & Builder

(c) Name of employer no

9 BIRTHPLACE (city or town) (State or country) Maryland Baltimore

PARENTS

10 NAME OF FATHER George Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Geo. Co Md

12 MAIDEN NAME OF MOTHER Hester Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Fridie Semmes (Address) 4911 Belvedere Gas ave

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 24, 1928, that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Paralysis of right side

(duration) x yrs. x mos. 10 ds.

CONTRIBUTORY (Secondary) General debility

(duration) 1 yrs. 6 mos. x ds.

18 Where was disease contracted if not at place of death? 415 Ramsay

Did an operation precede death? Date of no

Was there an autopsy? no

What test confirmed diagnosis? Loss of use of limbs

(Signed) Dr H E Benson, M. D.

May 27, 1928 (Address) 610 York Road Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Govans Presbyterian Cem. | May 26 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm C. Black | 927 N Broadway |

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34273 E 34273

## CERTIFICATE OF DEATH.

REGISTERED NO. 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 5215 Willow Height (ST.) (WARD) 55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Linnie Esther Eby

(a) RESIDENCE NO. 5215 Willow Height ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard B Eby

6 DATE OF BIRTH (month, day, and year) Aug 22 - 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 67 | 9 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Daniel Grady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Linnie Griffith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Richard B Eby (Address) 5215 Willow Height

15 Filed ... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept ..., 19 27, to May 27, 1928,

that I last saw h[illegible] alive on May 20, 1928,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 3 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 12/23/24

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Alex Lange, M. D.

..., 19 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forrest Hill Harford Co Md — DATE OF BURIAL May 27 1928

20 UNDERTAKER Henry Lutz — ADDRESS 703 N Broadway

RECEIVED MAY 25 1928

Spec.—1-12-23—M&T—500-Blks.

E 34274

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

118-002 E 34274

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Grant

(a) RESIDENCE NO. White Hall, Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 15, 1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 62 | 6 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

10 NAME OF FATHER Conrad Dadisman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk.

12 MAIDEN NAME OF MOTHER Emma Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

Informant Mrs. J. T. Moore

(Address) White Hall Md

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to May 25, 1928, that I last saw h er alive on May 25, 1928, and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 25, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Paul Schenker, M. D.

, 19 (Address) Visit Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vernon Cemetery Balto Co. DATE OF BURIAL May 28 1928

20 UNDERTAKER P. Marbaker Son ADDRESS Detmold Hagerstown

Spec. 6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34275

CERTIFICATE OF DEATH.

34275

31

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 414 W. Franklin ST. 17-25 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Collins

(a) RESIDENCE. No. 414 W. Franklin ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Hicks

6 DATE OF BIRTH (month, day, and year) - - 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | - | - | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 086

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Hugh Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Hesters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Sarah E. Collins

(Address) 414 W. Franklin St

15 Filed May 31, 1928 Registrar

Per

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from September, 1927, to May 25, 1928 that I last saw him alive on May 18, 1928 and that death occurred, on the date stated above, at 3:00 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Sputum exam.

(Signed) Carlos J. Boggott M. D.

, 19 (Address) 1015 Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | 5-28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Joseph Lahey & Sons | 1918 Light St |

Cor.—12-9-25—A Co.—200 Bks.

E 34276

# HEALTH DEPARTMENT—CITY OF BALTIMORE

74-04

E 34276

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. 4-6 (Ward)

2-FULL NAME Thomas Leary

(a) RESIDENCE NO. 60 Market Place St. (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE: Years 68 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Thos. Leary

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary — ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Charles Leary

(Address) 2423 Robb St

15 Filed ....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.

thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Shot while

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) W. F. Kelly M. D.

(Coroner)

May 23, 19 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial May 26 1925

20 UNDERTAKER: F. A. Kramer & Son ADDRESS 703 Hanover St

E 1025

Spec.–7-17-26—A Co.—200 Bks.

E 34277.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34277

## CERTIFICATE OF DEATH

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 220 Ottebein St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Briscoe

(a) RESIDENCE NO. 220 Ottebein St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Briscoe

6 DATE OF BIRTH (month, day, and year): Sept 1, 1877

7 AGE: 50 Years 8 Months 22 Days — 51

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: Edward Briscoe

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Elizabeth Briscoe

(Address): 220 Ottebein St

15 Filed ..... 19 ..... Registrar

26 1926

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/23/ 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5/20/ 19 28 to 5/23/ 19 28, that I last saw him alive on 5/22/ 19 28, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Acute (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Rheumatic) Acute (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

5/25, 19 28 (Address) 908 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 5/26 19 28

20 UNDERTAKER: John H. Bradburn — ADDRESS 1627 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

E 34278 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34278

## CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3259 Chestnut ave 12th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Klenner

(a) RESIDENCE NO. 3259 Chestnut ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5. 21. 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Albert Klenner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minnie Hedrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Albert Hedrick

(Address) 3259 Chestnut ave

15 Filed May 26, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5. 25 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to May 25, 1928, that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth — Congenital Insertion

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Usual

(Signed) C. H. Jones, M. D.

5.25, 1928 (Address) 1st Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's, Hampden DATE OF BURIAL May 26 1928

20 UNDERTAKER A. S. Marshall ADDRESS 3539 Falls Rd

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34279

99-E 34279

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1715 Mosher St. 16-27 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Robinson

(a) RESIDENCE NO. 1715 Mosher St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 9 mos. 13 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Aug 11-1889

7 AGE: Years 38 Months 9 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Boot Black

(b) General nature of Indastry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Jos Robinson

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Martha Jackson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Andrew Robinson

(Address) 1106 W La Fayette Ave

15 Filed....., 19.... Registrar

1926

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) T. B. Lurk M. D.

19 28 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cty Date of Burial May 27 1928

20 UNDERTAKER: Geo A Whaley ADDRESS 128 Pierce St

Spec.—1-12-23—M&T—500 Bks.

E 34280 HEALTH DEPARTMENT—CITY OF BALTIMORE D 34280

CERTIFICATE OF DEATH.

REGISTERED NO. 91-0

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Garrison St.) (Or WARD) 6157

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Driller Clunet

(a) RESIDENCE NO. 3019 Garrison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: (a) HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Jany 24 1854

8 AGE: Years 74 Months 4 Days 1

If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Nurse

(c) Name of employer: Nurse

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Victor Clunet

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Laura Symmers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Susan Kilgore

(Address) 3019 Garrison

Filed , 19 C. HAMILTON JONES, M. D., Registrar

MAY 28 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24, 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 24, 1928,

that I last saw h[illegible] alive on 5-24-, 1928,

and that death occurred, on the date stated above, at 9 1 m.

The CAUSE OF DEATH* was as follows:

Dyspepsia Acute Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis.

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Allerick Lance, M. D.

, 19 (Address) 37 as Liberty Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 28 1928

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 34281

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N. Kanawha ST. 11 24 WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Tilyard Powell

(a) RESIDENCE NO. 309 N Kanawha ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6 If married, widowed, or divorced HUSBAND of or) WIFE of /

DATE OF BIRTH (month, day, and year) June 8 - 1869

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 59 | 59 | 11 | 16 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Dr. Jno A. Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Alice A Tilyard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Harry A Powell

(Address) 309 N Kanawha

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17

I HEREBY CERTIFY, That I attended deceased from April 9, 1928, to May 24, 1928, that I last saw her alive on May 23, 1928, and that death occurred, on the date stated above, at 8 10 a.m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? yes

(Signed) A. R. A. Mayer, M. D.

V. 15 1928 (Address) 2430 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL May 26 1928

20 UNDERTAKER C. J. Lubrecht Sons

ADDRESS Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 34282

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001

74 E 34282

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 1750 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bradley

(a) RESIDENCE NO. 445 Hickeston Ave ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elizabeth Bradley

6 DATE OF BIRTH (month, day, and year): Jan 18 1868

7 AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 5 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waterman

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: 0/8

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Elizabeth Bradley
(Address) 445 Hickeston Ave

15 Filed ....., 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/27/1928

17

I HEREBY CERTIFY, That I attended deceased from 5/24/28, 19 ..... to 5/27/28, 19 ....., that I last saw him alive on 5/24/28, 19 ....., and that death occurred, on the date stated above, at 11:55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) pulmonary edema

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) — George A Vogt M D

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: May 28 1928

20 UNDERTAKER: Lasch & Otter

ADDRESS: 16 W North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 34283

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34283

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 819 Bevan ST., 22-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Jaylor

(a) RESIDENCE NO. 819 Bevan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Steven Jaylor

6 DATE OF BIRTH (month, day, and year) - 1894

7 AGE: Years 34 | Months + | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Days Work

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Virginia

PARENTS

10 NAME OF FATHER: John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Virginia

12 MAIDEN NAME OF MOTHER: Lizzy Singleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Virginia

14 Informant: Robert Bowley

(Address) 819 Bevan

15 Filed May 26 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/12, 1928, to 5/24, 1928, that I last saw her alive on 5/23, 1928, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobular Pneumonia (Grippe?)

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary): Chronic Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Francis, M. D.

5/24, 1928 (Address) 122 N Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem

DATE OF BURIAL: May 26 1928

20 UNDERTAKER: S. H. Brown & Son

ADDRESS: 108 W. Monument St

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34284 E 34284

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 419½ S. Pulaski St.

City of BALTIMORE: (No. 419½ S. Pulaski St., Ward 20-28)

2-FULL NAME John Lautenbach

(a) RESIDENCE NO. 419½ S. Pulaski St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalia Lautenbach

6 DATE OF BIRTH (month, day, and year) Feb. 28 1850

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 78 yrs. | 2 | 25 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 045

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) German

12 MAIDEN NAME OF MOTHER Christiani

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Dr. Ph. Antignani

(Address) 2944 E. Fayette

15 Filed 19 Registrar

1926 C. HARRISON JONES, M. D. PRESS

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1926, to May 23, 1928, that I last saw h... alive on May 23, 1928, and that death occurred, on the date stated above, at 8.15 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Nephritis

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Laboratory

What test confirmed diagnosis?

(Signed) Ph. Antignani M. D.

, 19 (Address) 2944 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Dr. Sank Cemetery May 28

20 UNDERTAKER ADDRESS

George L. Schmidt 1161 Fulton Ave.

Spec.–7-17-26—A Co.—200 Bks.

E 34285

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34285

## CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 645 Harvey St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Morning

(a) RESIDENCE NO. 645 Harvey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Morning

6 DATE OF BIRTH (month, day, and year): July 17, 1874

7 AGE — Years: 53 Months: 10 Days: 13 If LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Penna.

(State or country)

PARENTS

10 NAME OF FATHER: John Brennan

11 BIRTHPLACE OF FATHER (City or town): Penna.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Brennan

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Penna.

14 Informant: Daniel Morning

(Address): 645 Harvey St.

15 Filed ... 1928 ... M. D.

Per ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928: May 25

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to May 25, 1928, that I last saw h. alive on May 25, 1928, and that death occurred, on the data stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted? Dispensary 5/17/28.

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. B. Fields, M. D.

(Address) 1279 Mulberry St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C. A. Co. — Date of Burial: May 28 1928

20 UNDERTAKER: Margaret F. Flynn — ADDRESS: 1422 Riggs

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co—200 Bks.

E 34286

# HEALTH DEPARTMENT—CITY OF BALTIMORE

99-E 34286

## CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1329 N. Central Ave St., 9-14 Ward)

2-FULL NAME Annie Jones

(a) RESIDENCE NO. 1329 N. Central Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 1/1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) (Unknown)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| About 75 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Richard Jones ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Rev. John W. Mussen

(Address) 1311. N. Caroline St.

15 Filed _____, 19 _____ C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Bales, M. D.

(Coroner)

5/25/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

Date of Burial 5/26 1928

20 UNDERTAKER W. M. Cook

ADDRESS 508 E. North Ave.

MAY 26 1928

Spec.—2-29-28—L. F. S.—500 Blks.

E 34287

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34287.

1—PLACE OF DEATH

REGISTERED NO. 164

CITY OF BALTIMORE: (No.) 442 E 22nd ST., (WARD) 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Fitzgerald

(a) RESIDENCE NO. 442 E 22nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W | Married |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret M.

DATE OF BIRTH (month, day, and year) June 30-1847

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 10 | 24 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Planter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer United Fruit Co.

BIRTHPLACE (city or town) (State or country) Norfolk Va.

10 NAME OF FATHER Henry Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Caroline Ricketts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Caroline F Scherer

(Address) 442 E 22nd St.

Filed . 19 . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24-1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 15 . 1928 . to May 24 . 1928

that I last saw h— alive on May 24 . 1928

and that death occurred, on the date stated above, at 10 15 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? age & Signs

(Signed) Wm A Pearce, M. D.

May 25. 1928 (Address) 2105 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet burial

DATE OF BURIAL May 28 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E York.

Spec.—1-12-23—M&T—500 Bks.

E 34288

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34288

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N Carlton St. 7-9 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Brown

(a) RESIDENCE NO. 609 N Carlton ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) W

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Brown

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE Years 75 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Maryland
(State or country)

PARENTS

10 NAME OF FATHER Louis Rehundorf

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Charlotte Rehundorf

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant (Address) Mrs. J. H. Sacks 1302 Jefferson

15 Filed ..... 19 ..... Registrar

6 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1928

17 I HEREBY CERTIFY, That I attended deceased from May 2 1928 to May 22 1928, that I last saw h alive on May 22 1928 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 6 mos ds

CONTRIBUTORY (Secondary) —

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Jos Somerset, M. D.

(Address) 608 Somerset

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL May 26 1928

20 UNDERTAKER Mrs J. H. Sacks

ADDRESS 1302 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

E 34289

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34289

## CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp't. ST. 19-27 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Collins

(a) RESIDENCE NO. 1412 Barre Court ST., WARD Belair Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Alice Collins

6 DATE OF BIRTH (month, day, and year) 1902.

7 AGE: Years 26 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Saml Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margt Duther

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hattie Hill

(Address) Belair md

15 Filed ..... 19 ..... Registrar

Per .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25-28 19

17

I HEREBY CERTIFY, That I attended deceased from 5-24-28, 19..., to 5-25-28, 19...

that I last saw h-m alive on 5-25-28, 19...

and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Strangulated Right Inguinal Hernia c peritonitis

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-24-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Greil M. Hall, M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clarks Chapel — DATE OF BURIAL: May 27 1928

20 UNDERTAKER: Dean & Hall — ADDRESS: Belair Md

O 1928 C. HAMPSON [illegible] Md

Spec. -7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34290

## CERTIFICATE OF DEATH

117 E 34290

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. 22nd Ward) 56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Charles Goldeisen

(a) RESIDENCE NO. 4800 Park Heights Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Ann M. Goldeisen

6 DATE OF BIRTH (month, day, and year): 6-14-1878

7 AGE: Years 49 Months 11 Days 9 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Goldeisen

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Christina Backheim

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Hosp. Records

(Address)

15 Filed ..., 19... Registrar

Per RKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-23-28 19

17 I HEREBY CERTIFY, That I attended deceased from 5-21-28, 19..., to 5-23-28, 19..., that I last saw h... alive on 5-23-28, 19..., and that death occurred, on the date stated above, at 340 P m.

The CAUSE OF DEATH* was as follows:-

Acute appendicitis

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY Toxemia

(Secondary)

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ~~Mt. Hamilton~~

Did an operation precede death? yes Date of 5-21-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial 5-26 1928

20 UNDERTAKER: Mrs Chas A G Rohde — ADDRESS 2327 Edmondson Ave

C 1526 C. HAMILTON JONES, M. D.

E 34291 — 1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34291

45

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. WARD)

2-FULL NAME Louis Zirkler

(a) RESIDENCE NO. 323 (Usual place of abode) 323 E. Montgomery ST., WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Zirkler

6 DATE OF BIRTH (month, day, and year) Feb. 10-1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 3 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. Exp Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Zirkler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Belle Zirkler (Address) 232 E. Montgomery St.

15 Filed MAY 26 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/14 1928 to 5/25 1928 that I last saw her alive on 5/25 1928 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Jejunum

(duration) 1? yrs. mos ds.

CONTRIBUTORY (Secondary) General Metastasis (duration) yrs. mos. 14? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/10/28

Was there an autopsy? no

What test confirmed diagnosis? [redacted]

(Signed) Herman L. Doty M. D.

19 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 29 1928

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager St

Cor.—12-9-25—A Co.—200 Bks.

E 34292

# HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 34292

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Sinai Hospital St. 9-46 Ward)

2-FULL NAME Alberta Jenkins

(a) RESIDENCE NO. 1015 E. 31st St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred __ yrs. __ mos. __ ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female F | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jenkins

6 DATE OF BIRTH (month, day, and year) Sep 1/1875

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 52 | 8 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Noah Underwood

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Harriet V. Skill

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Co., Md.

14 Informant Mrs Ethel J. Hofstetter

(Address) 1315 E. 31st St.

15 Filed MAY 26 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Decompensation

Bilateral congestive Pneumonia

(duration) __ yrs. __ mos. __ ds.

CONTRIBITORY (Secondary) Chronic Myocarditis

(duration) __ yrs. __ mos. __ ds.

(Signed) _____ M. D.

(Coroner)

5/20/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death __ yrs., __ mos., __ ds. In the State __ yrs., __ mos., __ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial May 28 1928

20 UNDERTAKER George W. Zirkler ADDRESS 1737 E. Eager St.

Spec.—1-12-23—M&T—500 Bks.

34293

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 34293

## CERTIFICATE OF DEATH.

105

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 707 N. Linwood Ave ST. 7-11 WARD)

2-FULL NAME Oscar Shuppel

(a) RESIDENCE NO. 707 N. Linwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Phillipsena Shuppel

DATE OF BIRTH (month, day, and year) March 2/1881

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 2 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardwood Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) Finisher

(c) Name of employer Reliable Fin. Co.

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Benjamin Shuppel

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant (Address) Phillipsena Shuppel 707 N. Linwood Ave

Filed 1928 C. HAMPTON JONES, M. D. Registrar RSH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24/1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 24, 1928, that I last saw h in alive on May 24, 1928, and that death occurred, on the date stated above, at 3 15 p m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) Wm F. Grumrine, M. D.

, 19 (Address) 722 N. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Laurel Cem

DATE OF BURIAL 5/28/1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 34294 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34294

CERTIFICATE OF DEATH. 24-001

REGISTERED NO. 21-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5345 Dunmore St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel E. Dudley

(a) RESIDENCE. No. 5345 Dunmore St. WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Dudley

6 DATE OF BIRTH (month, day, and year) Mar 30 1877

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 1 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) N. C.

10 NAME OF FATHER George Botham

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emanuel Dudley
(Address) 5345 Dunmore Ave

15 Filed MAY 26 1928 Registrar C. HAMPSON JONES

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1928, to May 23, 1928, that I last saw her alive on May 23, 1928, and that death occurred, on the date stated above, at 10:55 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis
Hemorrhage into
Right Ventricle -
(duration) 6 yrs. 6 months ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. H. Buckley, M. D.

, 19 (Address) 5337 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 5/27/1928

20 UNDERTAKER Mrs. Geo. E. Holland — ADDRESS 1651 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

34295

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 34295

1-PLACE OF DEATH Navarre Apts. # 4.

CITY OF BALTIMORE: (No. 1700 Eutaw Place ST. 14 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Affelder

(a) RESIDENCE NO. 1700 Eutaw Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feby. 11th. 1861.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 3 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

10 NAME OF FATHER Max Affelder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Yetta Schopflacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss. L. Affelder

(Address) 1700 Eutaw Place

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24th. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1928, to May 24, 1928.

that I last saw him alive on May 23, 1928

and that death occurred, on the date stated above, at 5-30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic nephritis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary examination

(Signed) Julius Friedenwald, M. D.

, 19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Har Sinai Cemetery

DATE OF BURIAL 5/27/ 1928

20 UNDERTAKER David Sondheim

ADDRESS 118-20 W. Mo. Royal Ave.

1928 C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

34296

# HEALTH DEPARTMENT—CITY OF BALTIMORE

118 E 34296

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Longley

(a) RESIDENCE No. 2841 W. Lafayette Ave. (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Longley

DATE OF BIRTH (month, day, and year) Nov. 4, 1861

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 6 | 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Charles Marlberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Shutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Charles F. Longley

(Address) 2841 W. Lafayette Ave.

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17

I HEREBY CERTIFY, That I attended deceased from May 22 , 1928 , to May 25 , 1928 , that I last saw h alive on May 25 , 1928 , and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Strangulated femoral hernia (Left)

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of May 22/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Paul Schenken M. D.

5/25 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 28 19 28

20 UNDERTAKER Joseph J. Cook

ADDRESS 1000 East Baltimore St.

C. HAMPSON JONES, M. D.

1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34297

## CERTIFICATE OF DEATH.

18 E 34297

1-PLACE OF DEATH

City of BALTIMORE: (No.) Off Maryland Yacht Club. Foot of Hanover St. (St.) 25-32 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar Benjamin Screws.

(a) RESIDENCE NO. Franklin, Va. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 28, 1905

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 22 | 8 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 3rd. Class.

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Porter

(c) Name of employer C.G. #7

9 BIRTHPLACE (city or town)

(State or country) Franklin. Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Mattie --------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know

14 Informant Coast Guard Headquarters,
(Address) Washington, D.C.

15 Filed ....., 19 .....

.....
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning while in swimming

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto McFarland M. D.
(Coroner)

5/28 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Franklin, Virginia Date of Burial May 27, 1928

20 UNDERTAKER E. Leroy Stiffler ADDRESS 125 E. North ave.

Cor.—12-9-25—A Co.—200 Bks.

E 34298

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34298

REGISTERED NO.

1-PLACE OF DEATH Pennington Ave. & Marley Neck Road

City of BALTIMORE: (No.) Curtis Bay. St. (Ward) 25-37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter B. Johnson.

(a) RESIDENCE NO. South Creek N.C. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 8, 1903

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 24 | 7 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ward Tender 1st. Class.

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Gresham.

(c) Name of employer Coast Guard.

9 BIRTHPLACE (city or town)

(State or country) South Creek, N.C.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Coast Guard Headquarters.

(Address) Washington, D.C.

15 Filed ....., 19 ..... Registrar

2/7 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Automobile accident.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto K. Reinecke M. D.
(Coroner)

5/29 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aurora, N. C. Date of Burial May 27, 28

20 UNDERTAKER E. Leroy Stiffler ADDRESS 125 E. North Ave.

Spec.—1-12-23—M&T—500 Bks.

# E 34299 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

3/ E 34299

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (C.B.) (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl William Dyson

(a) RESIDENCE No. 1908 Hope st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Dyson

6 DATE OF BIRTH (month, day, and year) 1898

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 30 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Dyson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura Mass

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 25, 1928, that I last saw him alive on May 25, 1928, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) L. E. Mendelson M. D.

5-26, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 5/29 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E North

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34300

## CERTIFICATE OF DEATH.

74-001

E 34300

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME Howard Adrain

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 23 1867

7 AGE: Years 60 | Months 10 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Armstrong Co

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Henry Adrain

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Virginia Mary

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Little Sisters of the Poor

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 26th 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5/25, 1928, to 5/26, 1928, that I last saw h..... alive on 5/25, 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Sexton, M. D.

5/26 1928 (Address) 914 E Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial 5/29 1928

20 UNDERTAKER: Wm Cook ADDRESS 502 E Monument

Cor.—12-9-25—A Co.—200 Bks

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

45 E 34301

E 34301
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Sinai Hospital St., 15-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Schultz

(a) RESIDENCE NO. 4003 Barrington Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~one~~ mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Widow |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Schultz

6 DATE OF BIRTH (month, day, and year) July 2, 1871

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 50 | 9 10 | 24 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Jacob Hertzel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Josephine Frisch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Joseph Schultz

(Address) 351 E. 72nd St. New York

15 Filed ....., 19 ..... Registrar

27 1928 RMC

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure- Dilated intestinal Obstruction

(Autopsy at Hospital )

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Tumor of Sigmoid

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Ross M. D.

(Coroner)

5/20/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship — Date of Burial 5/28 1928

20 UNDERTAKER J. Ahrens Co — ADDRESS 2432 Reisterstown Rd

Spec.—1-12-23—M&T—500 Blks.

Nannie J. Cadogan ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34302

## CERTIFICATE OF DEATH.

47 E 34302

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1515 Mt. Royal Ave. ST. 14-20 WARD)

2-FULL NAME Nannie J. Cadogan

(a) RESIDENCE NO. 1515 Mt. Royal Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 19, 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 4 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas

PARENTS

10 NAME OF FATHER John Cadogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Maria Byrne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary C. Cadogan (Address) 1515 Mt. Royal Ave.

15 Filed 5/27, 1928 H. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from November 1927, to May 25, 1928, that I last saw h alive on May 24, 1928 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast. Secondary - Tuberculosis of Lungs since Nov 1927

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 1925

Was there autopsy? Radical Breast

What test confirmed diagnosis?

(Signed) J. J. Kirby M. D.

5/26 1928 (Address) 1106 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: May 28, 1928

20 UNDERTAKER: Wm. Mears & Son, 705 N. Calvert St. — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34303

## CERTIFICATE OF DEATH.

148

E 34303

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 19-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Cain

(a) RESIDENCE NO. 305 N. Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | COL | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Cain

6 DATE OF BIRTH (month, day, and year) 1908

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 24 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER David Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Cedelia Armstrong

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant James Cain

(Address) 305 N. Calhoun St.

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, au-

inquiry (copy of inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Eclampsia- 7 mons pregnancy

(Autopsy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

(Signed) , M. D.

(Coroner)

19 (Address) 5/26/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 5-27-28

20 UNDERTAKER Samuel Hensley ADDRESS 1 E Baltimore

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34304

## CERTIFICATE OF DEATH.

101-001 ✓ E 34304

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 122 Boston Ave Grancelnd Pkward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josifa Koczorowska

(a) RESIDENCE NO. 122 Boston Ave Grancelandst. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 78 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Jgnatuis Zielinski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mr Zielinski

(Address) 122 Boston Ave

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

the seen and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo Edward Blake M. D.

(Coroner)

19 (Address) 143 No Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial May 28 19 28

20 UNDERTAKER John M Weber ADDRESS Old Chester Rd

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34305

## CERTIFICATE OF DEATH.

90 E 34305

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1447 Andre ST. 24-35 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Hart

(a) RESIDENCE No 1447 andre ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Hart

6 DATE OF BIRTH (month, day, and year) April 9, 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 1 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bucks Mill

PARENTS

10 NAME OF FATHER John Vansant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bucks Mill

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr J Snyder

(Address) 1447 Andre St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25th 1928

17

I HEREBY CERTIFY, That I attended deceased from April 5, 1928, to May 25, 1928.

that I last saw her alive on May 25, 1928

and that death occurred, on the date stated above, at 10-54 Am.

The CAUSE OF DEATH* was as follows:

myocarditis

Cholelithiasis

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) Don't Known mos. ds.

Long left sided Hemiplegia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) J. Edward Norris, M. D.

5-26 1928 (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL May 29 1928

20 UNDERTAKER Chas. H. Glenn

ADDRESS 1501 E Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34306

## CERTIFICATE OF DEATH.

185 E 34306

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) W. Balto Gen Hosp. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth F Ward

(a) RESIDENCE NO 1436 Decator St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 19 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day and year) Feb 5-1921

7 AGE Years 7 Months 3 Days 19 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER John Ward.

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Anna Sokowska

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant Anna Ward

(Address) 1436 Decatur St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Left Femur

Severe Shock.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) due to fall out of Caterpillar at Amusement Park.

(duration) yrs. mos. ds.

(Signed) F. C. Zeuk M. D.

(Coroner)

May 25-1928- (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial May 26 1928

20 UNDERTAKER Chas. L Stevens ADDRESS 2 Font Ave

JAN 19 1928

Cor.—12-9-25—A Co.—200 Bks.

E 34307

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

89 E 34307

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 S. 5th St. Brooklyn St. 25-75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Katenkamp.

(a) RESIDENCE NO. 120 S. 5th St. Brooklyn. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 28 ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, widowed, or divorced HUSBAND of Elizabeth Katenkamp.

6 DATE OF BIRTH (month, day, and year) May 27, 1878

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 49 | 11 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Balto City fireman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Francis G. Katenkamp.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary E. Hoffman.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Elizabeth Katenkamp. (wife)

(Address) 120 S. 5th St. Brooklyn.

15 Filed MAY 27 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

5/26 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial 5-28 1928

20 UNDERTAKER E. T. Hartz ADDRESS 115 E. Hoffman

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34308

## CERTIFICATE OF DEATH.

90 E 34308

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Wilkins Ave ST. 20-64 WARD)

2-FULL NAME Harriett Mc Coy

(a) RESIDENCE No. 2102 Wilkins Ave ST. WARD .....
(Usual place of abode) about
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 (?)

7 AGE — Years: About 71 — Months: — Days: — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Chas. A Mc Coy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Caroline Shott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Mc Gowan
(Address) 2102 Wilkins ave

15 Filed ....., 19 .....

RMK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25th 1928

17 I HEREBY CERTIFY, That I attended deceased from April, 1927, to May 25, 1928, that I last saw h.. alive on May 20, 1928 and that death occurred, on the date stated above, at 7 A m

The CAUSE OF DEATH* was as follows:

Cardiosclerosis, Nephritis 3 months Arteriosclerosis

(duration) 18 months yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza, Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Richard C Hardy, M. D.

, 19 (Address) 2102 Wilkins ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 5-28 1928

20 UNDERTAKER: Bernard C Hardy — ADDRESS: 1000 S Paca St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34309

## CERTIFICATE OF DEATH.

74-001 V

E 34309

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2007 Orleans St St. 16 29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franz Schiller

(a) RESIDENCE NO. 2007 Orleans St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Schiller

6 DATE OF BIRTH (month, day, and year) Jan 6/1853

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 75 | 4 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Miss Helen Carey

(Address) 2007 Orleans St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cain M. D.

(Coroner)

19 28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial May 28 19 28

20 UNDERTAKER John Ulrich ADDRESS 208 S Oleans

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34310

## CERTIFICATE OF DEATH.

128

REGISTERED NO. E 34310

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C Crosswell

(a) RESIDENCE NO. 216 N Glover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of, (or) WIFE of: Isaac Crosswell

6 DATE OF BIRTH (month, day, and year): Don't know

7 AGE: Years 75 Months Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Ruth Crosswell

(Address) 1647 Caswell St

15 Filed ....., 19.... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Old Age

(duration) yrs. mos. ds.

May 26/28 (Signed) Geo Curtis Bates M. D.

(Coroner)

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem. Date of Burial May 29 1928

20 UNDERTAKER: John Mercer ADDRESS 2008 Orleans

5 RT

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34311

## CERTIFICATE OF DEATH.

57 E 34311

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Bon Secours Hosp ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Florence K Conahafate

(a) RESIDENCE NO. 2311 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single, Married, Widowed,~~ or Divorced, ~~(write word)~~: widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-15-79

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 10 | 10. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: James M Keller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md.

12 MAIDEN NAME OF MOTHER: Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): John H Bourbaftaje 2311 W Lanvale

15 Filed 21 1928 19 [illegible] Registrar: Rust

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17

I HEREBY CERTIFY, That I attended deceased from 4-29 1928. to 5-25 1928.

that I last saw h er alive on 5-25 1928

and that death occurred, on the date stated above, at 11 10 8 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Malnutrition

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) George C Bosley M. D.

19 (Address) 2003 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rienzi Md.

DATE OF BURIAL: May 28 1928

20 UNDERTAKER: W M Routson

ADDRESS: 2238 W Balto

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34312

## CERTIFICATE OF DEATH.

74-001 E 34312

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 812 N. Port St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Sadilek

(a) RESIDENCE NO. 812 N Port St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Sadilek

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 55 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Sadilek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Wife

(Address)

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Pell M. D. (Coroner)

5/26/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial May 28 1928

20 UNDERTAKER Frank Creed Son ADDRESS 1111 Cleveland

2/1928 H. HAMILTON JONES M. D. Registrar

RLC.

Spec.—1-12-23—M&T—500 Blks.

E 34313

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34313

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Clifton Ave. St. 15-67 WARD)

2-FULL NAME M. Ella Stark

(a) RESIDENCE NO. 3115 Clifton Ave ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, ~~Married, Widowed, or Divorced (write the word)~~: Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day, and year): Dec. 23-1844
7 AGE: Years 83 | Months 5 | Days 2. | If LESS than 1 day, ... hrs or ... min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): "
12 MAIDEN NAME OF MOTHER: "
13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: John H. Meikle
(Address): 3115 Clifton Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan-12, 1928, to May 20, 1928, that I last saw her alive on May 24, 1928, and that death occurred, on the date stated above, at 8:30 a. m.
The CAUSE OF DEATH* was as follows:-
Carcinoma of Liver, Gall Bladder with probable metastasis to brain: Left sided hemiplegia convulsions (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arg. Heart failure, Arterio-sclerosis. (duration) — yrs. 6 mos. — ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? X-ray, Consultation.
(Signed) Austin Cole M. D.
5/27 1928 (Address) 2221 Gilmor.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL 29 May 1928
20 UNDERTAKER: W. J. Tichnor Son — ADDRESS Pennsylvania Ave

27 1928 H. [illegible] M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34314

100-006 E 34314

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 1-6 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Finn

(a) RESIDENCE NO. 641 Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Finn

6 DATE OF BIRTH (month, day, and year) Uncertain.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 62 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Louis Finn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Mother—

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant W. Hedberg

(Address) 892 Hollins St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/1 1928, to 5/27 1928;

that I last saw h.. alive on 5/21 1928,

and that death occurred, on the date stated above, at 4.50 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? 641 Lombard St.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. M. Blumenthal, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holem Herring Run Date of Burial 5-27- 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto.

Spec.—1-12-23—MAT—500 Bks.

E 34315

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 34315

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1717 Dorman ST. 15 (WARD)

2-FULL NAME Gertrude Green

(a) RESIDENCE NO. 1717 Dorman ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced, (HUSBAND of or) WIFE of: Wm. W. Green

6 DATE OF BIRTH (month, day, and year): 6-5-1896

7 AGE — Years: 31 — Months: 11 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: Peter Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Anna Dowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

PARENTS

14 Informant: Wm. W. Green (husband)

(Address) 1717 Dorman Street

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to May 24-, 1928, that I last saw her alive, on May 23-, 1928, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lungs

Tuberculosis

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lung

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Posture

(Signed) Burgh Bernard

19 (Address) 708 Eutaw St, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: May 28 28

20 UNDERTAKER: Jno M. Johnson — ADDRESS: [illegible]

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34316 ✓ 185 E 34316

## CERTIFICATE OF DEATH.

REGISTERED NO. 46-62

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital STREET 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Hopkins

(a) RESIDENCE NO. 3604 Rosedale Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? 47 yrs. 0 mos. 8 ds

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) May 17, 1881

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 0 | 8 | |

OCCUPATION OF DECEASED Employee

(a) Trade, profession or particular kind of work ~~Housework~~

(b) General nature of industry, business, or establishment in which employed (or employer) of the Co.

(c) Name of employer Phone. Co.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William L. Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ann Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mrs Jacob Hann - (sister)

(Address) 3604 Rosedale Road.

Filed , 19 , Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to May 25, 1928, that I last saw her alive on May 25, 1928, and that death occurred, on the date stated above, at 12:10 A m.

The CAUSE OF DEATH* was as follows:

Intra Cranial hemorrhage

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of May 24, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Operative

(Signed) Paul Schenker, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hillcrest Cemetery | May 28 '28 |
| 20 UNDERTAKER | ADDRESS |
| Stewart Mcnn Co | Balto. |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34317 ✓ X 21 E 34317

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert and 33rd ST. 12-41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elsie Ridgely

(a) RESIDENCE NO. Thistle Maryland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

6a If married, widowed or divorced HUSBAND of (or) WIFE of George A. Ridgely

DATE OF BIRTH (month, day, and year) Feb. 19, 1848

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ~~30~~ | 30 | 2 | 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ Towson - Md.

10 NAME OF FATHER George Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susie Peoples

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Hosp Records

(Address)

Filed 27 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to May 27, 1928, that I last saw h[illegible] alive on May 27, 1928 and that death occurred, on the date stated above, at 8:00 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs -

(duration) 1 (3) yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam + X ray (picture)

(Signed) Wallace K. Hunt Holder, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Thistle Cem. DATE OF BURIAL May 30 19 28

20 UNDERTAKER Easton Bros ADDRESS Elkton Md

Cor.—12-9-25—A Co.—200 Bks.

E 34318

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1925

**E 34318**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospt. St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Coles

(a) RESIDENCE NO. 1015 Rutland Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Douglas Coles

6 DATE OF BIRTH (month, day, and year) Unknown 1895

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 33 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer Attorney Piper

9 BIRTHPLACE (city or town)

(State or country) Prince Edward Co.Va.

PARENTS

10 NAME OF FATHER Guess Casie

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Susie Casie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Douglas Coles

(Address) 1015 Rutland Ave

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia- Accidental burns. (body & legs)
Clothing caught fire from blazing grease on kitchen range at home ds.

CONTRIBUTORY (Secondary) of Mr. Piper Green Spring Valley

(Signed) J. H. Pitts M. D.
(Coroner)

5/27/28 (Address) 506 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mahanoy Va Date of Burial May 28, 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 25 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34319

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

100-001

E 34319

REGISTERED NO.

City of BALTIMORE: (No. 818 Shutter St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McKinley Turner

(a) RESIDENCE NO. 818 Shutter St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 28th 1928

| 7 AGE | Years | Months | Days 28 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 1 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Samuel Bembery

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Turner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Victoria Va.

14 Informant Mary Turner

(Address) 818 Shutter St.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

(Signed) J. S. H. Pole, M. D.

(Coroner)

5/27/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Date of Burial May 28, 19 28

20 UNDERTAKER Wm. R. G. Elliott ADDRESS 1747 Washington

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34320

## CERTIFICATE OF DEATH.

E 34320 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 740 Lamb ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora J. Phillips

(a) RESIDENCE NO. 740 Lamb ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6b DATE OF BIRTH (month, day, and year): Jan 14th 78

7 AGE — Years | Months: 4 | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): 740 Lamb Md.

10 NAME OF FATHER: John J. Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lillian Brewster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Lillian Phillips (Address) 740 Lamb St.

15 Filed 1928, 19 Reg C., Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/27/1928

17 I HEREBY CERTIFY, That I attended deceased from 1/21/1928, to 1/27, 1928, that I last saw h alive on 1/26/, 1928, and that death occurred, on the date stated above, at 8 AM p.m.

The CAUSE OF DEATH* was as follows:

I Bronchial Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Ten Eyck, M. D.

1928 (Address) 524 Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 1/28 1928

20 UNDERTAKER: Dennis Eaton — ADDRESS 916 Pa ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34321

## CERTIFICATE OF DEATH.

90 E 34321

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 Fleet St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Coale

(a) RESIDENCE No. 646 Fleet St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): 1883

8 AGE: Years 45 | Months — | Days — | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF HUSBAND: Philip Wyse

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lemon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Thomas Coale

(Address) 644 Fleet St

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1928, to May 25, 1928, that I last saw her alive on May 25, 1928 and that death occurred, on the date stated above, at 7.45 p m

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. R. Conley, M. D.

, 19 (Address) 137 Leeds Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 5/27 1928

20 UNDERTAKER: Daniel Carton Sons — ADDRESS 916

Spec.—I 12-23—M&T—500 Blks.

E 34322 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34322

## CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 W. Lanvale St. ST. 16 23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Smith

(a) RESIDENCE No. 1105 W. Lanvale St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 18, 1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 8 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER Thomas Smith

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Corinne Proctor

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Thomas Smith

(Address) 1105 W Lanvale St

Filed [illegible], 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1928

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1928, to May 26, 1928,

that I last saw her alive on May 26, 1928

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows: Acute Gastro Enteritis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel D Hole, M. D.

, 19 (Address) 1331 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet Cem | 5/28/1928 |

20 UNDERTAKER: Daniel Easton ADDRESS: Balto

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34323 E 34323

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Elizabethan Off

CITY OF BALTIMORE: (No. Batrman & Garrison ST., 1561 WARD)

REGISTERED NO. 10100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Didier Ford

(a) RESIDENCE NO. Batrman & Garrison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander J. Ford

6 DATE OF BIRTH (month, day, and year) Feby 27-1860

7 AGE Years 68 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Kentucky

10 NAME OF FATHER Henry Didier

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Lucy Alderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Edgar N. Ford (Address) Atlanta Ga

15 Filed ..... 19 ..... Registrar C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to May 26, 1928, that I last saw h alive on May 26 1928, and that death occurred, on the date stated above, at 11 10 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys Examination

(Signed) John T. O'Meara M. D.

5/27 1928 (Address) 804 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL May 28th 1928

UNDERTAKER H. J. Tedmon Son

ADDRESS 1 Pa Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34324

## CERTIFICATE OF DEATH

101-001

E 34324

REGISTERED NO.

1-PLACE OF DEATH Maryland Gen. Hospital

City of BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ola B. Coulson Jr.

(a) RESIDENCE NO. 4177 St. Agnes Ct. St. Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 12 1926

7 AGE: Years 1 Months 9 Days 14

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hagerstown Md.

(State or country)

PARENTS

10 NAME OF FATHER Ola Coulson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Ora Morton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant (Address) Hospital Records

15 Filed 5-26-1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/26 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/25, 1928, to 5/26, 1928, that I last saw him alive on 5/26, 1928, and that death occurred, on the date stated above, at 4-50 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 1 hr. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

5/26, 1928 (Address) [illegible]

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Date of Burial May 28 1928

20 UNDERTAKER: John F Denny ADDRESS 715 Lyt [illegible]

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34325

## CERTIFICATE OF DEATH.

89 E 34325

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2420 Rogers Ave ST. 27-54 WARD)

2-FULL NAME Myer Greenbaum

(a) RESIDENCE NO. 2420 Rogers Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Greenbaum

DATE OF BIRTH (month, day, and year) June 27th. 1850

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 77 | 10 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

10 NAME OF FATHER Isaac Greenbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mina Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. E. Baum

(Address) 2420 Rogers Ave

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th. 1928

17

I HEREBY CERTIFY, That I attended deceased from 10 years ago, 19..., to May 26, 1928,

that I last saw him alive on May 26, 1928,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. a few hours mos ds.

CONTRIBUTORY (Secondary) arterio-sclerosis high pressure

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical acts and symptoms

(Signed) L. T. Hemmeter, M. D.

May 29 1928 (Address) 3310 Tioga Parkway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Balto. Hebrew Cem. | 5/28/ 1928 |

20 UNDERTAKER Harris Sondheim

ADDRESS 118 so. w. mt. Royal Ave.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34326

## CERTIFICATE OF DEATH

E 34326

REGISTERED NO. 12559

1-PLACE OF DEATH

City of BALTIMORE: (No. Esplanade Apt. St. 3 D Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie G. Polack

(a) RESIDENCE NO. Esplanade Apts St. 3 D Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph M. Polack

6 DATE OF BIRTH (month, day, and year) Jany. 10 1848

7 AGE Years 80 Months 4 Days 16 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cincinnati, (State or country) Ohio.

PARENTS

10 NAME OF FATHER Julius H. Goodhart

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Rosenbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Norman Polack

(Address) Esplanade Apt.

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/1928

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to May 26, 1928, that I last saw h alive on May 26, 1928, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Symptoms (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms & Signs

(Signed) Louis P. Hamburger, M. D.

, 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balt. Hebrew Cem. — Date of Burial 5/28/1928

20 UNDERTAKER David Sondheim — ADDRESS 113 20 W. Mt. Royal Ave.

...—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34327 E 34327

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 15-54 100-881

ITY OF BALTIMORE: (No. 2815 Violet Ave., ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herbert Cummins

(a) RESIDENCE NO. 2815 Violet Ave, ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred five mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) April 25-1926

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 1 | 3 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Michael Cummins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Tirsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Richard Cummins

(Address) 2815 Violet

Filed ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28-1928

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 28, 1928, that I last saw h[e] alive on May 28, 1928, and that death occurred, on the date stated above, at 3:40 A m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) acute Cold

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) [illegible] M. D.

May 29, 1928 (Address) 1 East Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Forest Lawn Cem | 5/28 1928 |

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34328

## CERTIFICATE OF DEATH

129 E 34328

1-PLACE OF DEATH St. Agnes. Hospital

CITY OF BALTIMORE: (No.) Balto. Md St. 1662 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gaigler

(a) RESIDENCE NO. 3004 Brighton St. ST., WARD St. Ann Ward,

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gaigler,

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 70 yrs; Months; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar-maker

(b) General nature of industry, business, or establishment in which employed (or employer): Md.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Howard L. Gaigler.

(Address) 3328 Edmondson Ave

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 27 1928 19

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to May 27, 1928,

that I last saw h/ alive on May 26, 1928

and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

uremia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St. Agnes Hospt

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Chemistry

(Signed) Fornadge H. Nichols, M. D.

, 19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Western

DATE OF BURIAL MAY 29 1928 19

20 UNDERTAKER Geo. H. Little

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

E 34329

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34329

REGISTERED NO. W2640

1-PLACE OF DEATH

City of BALTIMORE: (No. 611 George St St. 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Ann Selena Jordan

(a) RESIDENCE NO. 611 George st St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Francis Jordan

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 dny.....hrs. or.....min. |
|---|---|---|---|---|
| | 59 | — | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) St. Mary's County Md.

PARENTS

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) St. Mary's County Md

12 MAIDEN NAME OF MOTHER Isabella Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St. Mary's County Md

14 Informant

(Address) 611 George st

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 19 28

17

I HEREBY CERTIFY, That I attended deceased from April 18 19 28, to May 25, 19 28

that I last saw h.r alive on May 25, 19 28

and that death occurred, on the date stated above, at 2 P (a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) Wm H. Watts, M. D.

, 19 (Address) 928 Pinna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Cathedral May 30 19 28

20 UNDERTAKER ADDRESS

James E. Wright 624 Park Ave

Spec.—1-12-23—M&T—500 M.

Letter mailed dated 5-26-1928 Signed R M Hutchins

E 34330

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34330

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Liberty City Hospital ST. 1-24 WARD)

2-FULL NAME Louise Robinson

(a) RESIDENCE No. 1203 Eutaw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE [redacted]

5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day and year) [illegible] Unknown

8 AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 1 | 10 | | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jabia Coley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Addie Reed

(Address) 12[illegible] Eutaw St

Filed ....., 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-10-, 1928, to 5-24, 1928

that I last saw h[illegible] alive on 5-24, 1928

and that death occurred, on the date stated above, at 5-10 p. m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Lues

Generalized Sclerosis

Chronic Nephritis

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 19 (Address) Balt. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL May 28 1928

20 UNDERTAKER Mrs. Katie R. Hilkowitz

ADDRESS 822 N. Schroeder St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34331

## CERTIFICATE OF DEATH.

E 34331
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802-1/2 W. Lafayette Ave. ST.) 16-22 (WARD)

2-FULL NAME Edwin Railly Freeburger

(a) RESIDENCE NO. 1802-1/2 W. Lafayette Ave. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa J. Freeburger

7 DATE OF BIRTH (month, day, and year) Aug. 8 1864

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 9 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Andrew J. Freeburger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Ann Wirts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Theresa J. Freeburger
(Address) 1802-1/2 Lafayette Ave.

Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1928, to May 26, 1928, that I last saw h[illegible] alive on May 25, 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 15 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. H. Cullen, M. D.

5-28-28 (Address) 2757 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 29 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34332 — 9° E 34332

1-PLACE OF DEATH — REGISTERED NO.....

CITY OF BALTIMORE: (No. 713 N. Payson St. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bomm

(a) RESIDENCE NO. 713 N. Payson St. ST., ..... WARD.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~: Married

6a If married, widowed, or divorced (or) WIFE of: William A. Bomm

6 DATE OF BIRTH (month, day, and year): Jan 1 1852

7 AGE — Years: 76 | Months: 4 | Days: 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocery Store

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Philip Bomm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. William A. Bomm (Address) 713 N. Payson St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1927, to May 25, 1928.

that I last saw h[illegible] alive on May 25, 1928

and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Alexander Garb, M. D.

, 19 (Address) 210 Gwynns Falls Pkwy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy — DATE OF BURIAL: May 28 1928

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2073 R...

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34333

E 34333

## CERTIFICATE OF DEATH

74-001

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 635 Portland St Ward 22-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Michael Reiser

(a) RESIDENCE NO. 635 Portland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Annetta M. Reiser

6 DATE OF BIRTH (month, day, and year) Oct 24 1859

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 68 | 7 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barrel Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Reiser

11 BIRTHPLACE OF FATHER (City or town) unknown

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Annetta M. Reiser

(Address) 635 T Portland st

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 19 28

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1928, to May 25, 1928, that I last saw h.m alive on May 25, 1928, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Cardiac Hypertrophy

(duration) 1 yrs. 6 ?? mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence B. Shelton M. D.

, 19 (Address) 412 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| London Park Cemetery | May 29 1928 |
| 20 UNDERTAKER | ADDRESS |
| Jos Joerdens & Son | 217 S. Pa |

Spec.—1-12-23—M&T—500 Bks.

Mondawney

E 34334 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34334

CERTIFICATE OF DEATH.

90 E 34334

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

2-FULL NAME John Charles Mundowney

(a) RESIDENCE No. 1219 W. Wallace ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of or) WIFE of ?

7 DATE OF BIRTH (month, day, and year) ?

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Charles Mundowney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Matthew ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant (Address) Records

Filed 1928, 19 RLK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1923, to May 26, 1928 that I last saw him alive on May 26, 1928 and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic acute
Arteriosclerosis.
Hypertension

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Gross.

(Signed) C. Wilmer Brown, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: 5-29 1928

20 UNDERTAKER: Mrs Chas L. Bailey — ADDRESS: 1421 Jefferson

Spec.—1-12-23—M&T—500 Bks.

E 34335

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34335

## CERTIFICATE OF DEATH.

100-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1143 Hull St. (ST.) 24-35 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lesniewski

(a) RESIDENCE NO. 1143 Hull St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 31 1926

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 1 | 9 | 25 24 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Stanislaus Lesniewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Stanislawa Czestkiewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Stanislaus Lesniewski

(Address) 1143 Hull St.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to May 18, 1928, that I last saw him alive on ..... 1928, and that death occurred, on the date stated above, at 8:05 P. M.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. G. Gordon, M. D.

5-27-28 19 (Address) 918 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary May | 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| John M Weber | 4012 Chester Ave |

JUN 6 1928 C HARRISON JONES, M. D.

Reg

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34336

## CERTIFICATE OF DEATH.

100-001

E 34336

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) University Hospital St. 26-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME RICHARD MROZ

(a) RESIDENCE NO. 1820 Maxwell Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) January 4, 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 4 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Adolph Mroz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Augusta Noelsuij

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Mr. Adolph Mroz (Father)

(Address) 1820 Maxwell Ave.

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Eugene Feller, M. D. (Coroner)

5/27 19 28. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christ Ev. Luth. Church Cem. Date of Burial May 28, 1928

20 UNDERTAKER Henry Sander & Sons. Inc. ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34337.

## CERTIFICATE OF DEATH

90 E 34337.

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2520 E. Balto. ST., 6 & 14 WARD)

2—FULL NAME Catherine E. Trance

(a) RESIDENCE NO. 2520 E. Balto. ST., 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Germanus Trance

DATE OF BIRTH (month, day, and year) Jan 3rd 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 4 | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John A. Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Estella Trance

(Address) 2520 E. Balto. St.

Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb-20-, 1928, to May-26-, 1928, that I last saw h[er] alive on May 25, 1928 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Dis. (Hypertension 4 yr)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma -

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Frank A Bratler, M. D.

19 (Address) 125 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | May 29 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly + Zeiler Inc | 403 S. Wolfe St |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34338

## CERTIFICATE OF DEATH.

74-001

E 34338

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. [illegible] Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harbourne

(a) RESIDENCE No. 2620 S. Madeira St., 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) WIFE of HUSBAND of: Albert Harbourne

DATE OF BIRTH (month, day, and year): April 2nd 1875

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | 1 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER ? John Rubbenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant

(Address) Rear 45

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/26 1928

17

I HEREBY CERTIFY, That I attended deceased from 5/23, 1928, to 5/26, 1928, that I last saw h[illegible] alive on 5/26, 1928, and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage Coff with Rt Hem Plegia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What test confirmed diagnosis?

(Signed) C. Stevens Ozmyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: May 29th 1928

20 UNDERTAKER: Lilly & Zeller Inc

ADDRESS: 403 S. Wolfe St

rec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**E 34339**

## CERTIFICATE OF DEATH

**E 34339**

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 726 ST. WARD)

2—FULL NAME Jones Curtis

(a) RESIDENCE NO. 3824 Bank St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 3, 1924

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 10 | 24 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER James V Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oklahoma

12 MAIDEN NAME OF MOTHER Flora F Bragg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

Informant Sydenham Hos Records

(Address)

Filed 28 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 - 28

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to May 27, 1928, that I last saw her alive on May 27, 1928 and that death occurred, on the date stated above, at 5:30 Am.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) H C Buchman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 5/28 1928

20 UNDERTAKER W M Cook

ADDRESS 502 E North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34340 E 34340

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 520 S. Bond ST. (WARD) 3-4 REGISTERED NO. 84

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Henry Holland.

(a) RESIDENCE NO. 520 S. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W. | Widowed |

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Margaret A. Holland.

DATE OF BIRTH (month, day, and year) June 1-1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 11 | 24 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fidelity Deposit Co.

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER John Henry Holland.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Marian Thornwood.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Mrs Marion Fuller.

(Address) 520 S Bond.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25-1928

17 I HEREBY CERTIFY, That I attended deceased from March 12 - 1928, to May 25 - 1928

that I last saw h— alive on May 25 - 1928

and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (Cardio-Vascular Sclerosis)

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema -

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Harold Brauer, M. D.

19 (Address) 125 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak Lawn | May 28 1928 |

20 UNDERTAKER Wm Cook ADDRESS 512 E Fort Ave

pec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34341

101-001

E 34341

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 619 S. Bond ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME TERESA KUCZBORSKI,

(a) RESIDENCE NO. 619 S. Bond ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 25 ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 1-1928.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimor,
(State or country) MD.

10 NAME OF FATHER Joseph Kuczborski,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland,

12 MAIDEN NAME OF MOTHER Bronislawa Bialobrzecka,

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland,

Informant Mrs. Bronislawa Kuczborski,
(Address) 619 S. Bond St

Filed 5-28 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/28

17 I HEREBY CERTIFY, That I attended deceased from 5/23 19 28, to 5/25 19 28,
that I last saw h[illegible] alive on 5/25, 19 28
and that death occurred, on the date stated above, at 1,30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Heart failure & Collapse

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Signs & symptoms

(Signed) Jay A Antrop, M. D.

19, (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. DATE OF BURIAL May 28- 1928.

20 UNDERTAKER M. J. Sadowski. ADDRESS 901 S Ann St

Cor.—10-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34342

## CERTIFICATE OF DEATH.

E 34342

REGISTERED NO. 188-003

1-PLACE OF DEATH

City of BALTIMORE: (No. Annapolis Blvd. & Church St. St. 1-A Co. Md.)

2-FULL NAME Viola Taylor.(C)

(a) RESIDENCE NO. 1933 McCulloh St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | Colored | Married. |

5a If married, ~~widowed or divorced~~ (or) WIFE of Moses R. Taylor.(C)

6 DATE OF BIRTH (month, day, and year) October 24, 1896

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 31 | 7 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER William J. Stepter.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Lidia Laws.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Moses R. Taylor.(C)

(Address) 1933 McCulloh St.

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Automobile accident.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

5/28 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

20 UNDERTAKER ADDRESS

May 26 1928 C

Per RLH.

Spec.—1-12-28—M&T—500 Blks.

E 34343 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34343

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. BALTIMORE CITY HOSPITALS ST. WARD) 25-76

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Locklear

(a) RESIDENCE (Usual place of abode) No. 212 6th Fairfield St. WARD

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Jane Locklear

DATE OF BIRTH (month, day, and year): 1888

AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): 023

(c) Name of employer: N C.

BIRTHPLACE (city or town) (State or country): N C.

10 NAME OF FATHER ? ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sula Greene

12 MAIDEN NAME OF MOTHER N C.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Records

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-21 , 1928 , to 5-26 , 1928 , that I last saw him alive on 5-26 , 1928 , and that death occurred, on the date stated above, at 12-30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute.
Thrombosis of abdominal aorta
Infarction of kidneys & viscera

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension. - Obesity, Right Hemiplegia (duration) yrs. mos. ds.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. Stevens Stokes M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem DATE OF BURIAL: 5-28-28

20 UNDERTAKER: Samuel Hawley ADDRESS: 1122 Bolton

Cor.—12-9-25—A Co.—200 Bks.

E 34344

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

170 V

E 34344

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2018 Harlem Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. J. Haycock.

(a) RESIDENCE NO. 705 N. Fulton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Haycock

6 DATE OF BIRTH (month, day and year): Nov 29 1868

7 AGE: Years 59 Months 5 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): St Marys Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Jos Haycock

11 BIRTHPLACE OF FATHER (city or town): St Marys Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Marcelina Southern

13 BIRTHPLACE OF MOTHER (city or town): St Marys Co

(State or country): Md

14 Informant: Martha Haycock

Address: 2018 Harlem Ave

15 Filed....., 19.... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound through heart Suicide

CONTRIBUTORY (Secondary): Suicide (duration) ....yrs. ....mos. ....ds.

(Signed) F. C. Linck M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. Date of Burial 5/29 1928

20 UNDERTAKER: C Carson Kennedy ADDRESS 1734 Jefferson

Spec.—1-12-23—M&T—500 Blks.

E 34345

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

5 E 34345

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Townsend Place ST., 8-17 WARD)

2-FULL NAME Matilda Ludolph

(a) RESIDENCE NO. 1721 Townsend Place ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word) married

6a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick Ludolph

7 DATE OF BIRTH (month, day, and year) Aug. - 1885

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 43 | 42 | 9 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm E Ridgley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Lewis

(Address) 1328 Cottage Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1928

17 I HEREBY CERTIFY, That I attended deceased from April - 19, 1928, to May - 26, 1928, that I last saw her alive on May 26, 1928 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Toxemia, Cardiac and respiratory failure, Ascites, Rheumatism

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 5 wks.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) William F. Schwarz, M. D.

5/28, 1928 (Address) 1200 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage, Md.

DATE OF BURIAL May 29 1928

20 UNDERTAKER Ralph T. Turner Inc.

ADDRESS 1442 N. Broadway

Dec.—2-29-28—L. F. S.—500 Bks. see letter in file

# E 34346 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

24-001 ✓

E 34346

REGISTERED NO.

1—PLACE OF DEATH Incurable Home

CITY OF BALTIMORE: (No.) 2100 E. Balto. ST. (WARD) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin Hirnspun

(a) RESIDENCE NO. 2034 E. Fairmount ST. Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Hirnspun

DATE OF BIRTH (month, day, and year) [illegible]

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 64 | 80 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Ellis Hirnspun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ethel -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Ellis Hirnspun (Son)

(Address) 2034 E. Fairmount

Filed [illegible] 19 28 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28th-28

17

I HEREBY CERTIFY, That I attended deceased from May 17 19 28 to May 28 19 28,

that I last saw h alive on 19

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. Several mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sinai Hebrew Rum | 5-28 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Jack Lewis | 1439 E. Balto. |

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34347.

E 34347

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 City Hosp. St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Bauer

(a) RESIDENCE NO. 119 A Bethel St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Bauer

6 DATE OF BIRTH (month, day, and year) June 4. 1901.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 24. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Charles Schuster

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Kerner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Anna Beck

(Address) 400 S Central Ave

15 Filed 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) May 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cut T & B.

(duration) hrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) & Laceration

(duration) yrs. mos. ds.

Witness my hand this 26 day of May 1925 (Coroner) G C Yates M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Date of Burial May 29 1925

20 UNDERTAKER Wendell L Hupfel ADDRESS 300 S Eden St

Spec.—1-12-23—M&T—500 Blks.

34348

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34348

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2516 McCulloh ST. (WARD) 13-59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delores Elizabeth Robinson

(a) RESIDENCE NO. 2516 McCulloh ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: /

6 DATE OF BIRTH (month, day, and year): Mar. 13 — 28

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 2 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Olive Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Boston Mass

14 Informant: Olive Robinson

(Address): 2516 McCulloh St

15 Filed ..., 19... C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 25, 1928, that I last saw her alive on May 24, 1928 and that death occurred, on the date stated above, at 1.00 P. m

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. Macco Williams, M. D.

5-25, 1928 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL: 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

MAY 28 1928

Cor.—12-9-25—A Co.—200 Bks.

E 34349

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34349

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 535 Nunnen (Ward) 7-24

2-FULL NAME Richard Garrett

(a) RESIDENCE NO. 535 Nunnen St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child.

6 DATE OF BIRTH (month, day and year): May 11 1924

7 AGE: Years 2 Months 1 Days 14

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Richard Garrett

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Young

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Emma Young

(Address): 535 Nunnen

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Leslie Haden M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

1925 018 d

C. HAMILTON JONES, M. D.

UNIVERSITY OF MARYLAND.

THE MORGUE.

Spec.—1-10-21—M&T—1500 Blks.

E 34350 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34350

## CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital (St.) 97-30 (WARD)

2-FULL NAME Samuel King

(a) RESIDENCE NO. 512 W Conway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unk

6 DATE OF BIRTH (month, day, and year): Unk

7 AGE: 24 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Porto Rico

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant (Address):

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1928

17

I HEREBY CERTIFY, That I attended deceased from Apr 27, 1928 to May 25, 1928.

that I last saw him alive on May 25, 1928.

and that death occurred, on the date stated above, at 7:15 a.m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William Patrick O'Keefe, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAY 28 1928

20 UNDERTAKER: C. HAMPSON JONES, E. P.

ADDRESS:

Spec.—1-10-21—M&T—1500 Bks.

E 34351

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34351

## CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH Dr. White's Hospital

CITY OF BALTIMORE: (No. 1029 Madison Avenue ST., 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Jackson

(a) RESIDENCE NO. 1047 Myrtle Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | C | Baby |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Baby

6 DATE OF BIRTH (month, day, and year) May 25, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day 14 hrs. or min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of Industry, business, or establishment in which employed (or employer): xxxx

(c) Name of employer: xxxx

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Hebrew Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Orline Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address)

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

2488

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

that I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) 14 hours yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAY 28 192

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34352

## CERTIFICATE OF DEATH.

E 34352

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 266 Forest N St. 5-8 Ward)

2-FULL NAME Baby Johnson

(a) RESIDENCE NO. 266 N. Forest St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years — Months: 6 mos. — Days: Premature — IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ..... 19 .....

Per ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Delivery

6 mos. Living Forty 4 hrs

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Died Born

(duration) ... yrs. ... mos. ... ds.

May 28 (Signed) D. J. Thuy M. D.

(Coroner)

, 19 28 (Address) 1639 Bradley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner of Health

MAY 28 1928

C. HAMPSON JONES, M. D.

UNIVERSITY OF MARYLAND

8 1926

5486

THE MORGUE

Spec.—1-12-23—M&T—500 Bks.

34353

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23 E 34353

REGISTERED NO.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 15-63 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth M Bradley

(a) RESIDENCE No. 3815 Belle Ave ST. Forest Park WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stanley Bradley

6 DATE OF BIRTH (month, day, and year): Aug. 22nd 1887

7 AGE: Years 40; Months 9; Days 6; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York City, New York

10 NAME OF FATHER: Patrick Crowe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown, Vermont

12 MAIDEN NAME OF MOTHER: Mary Hawes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown, Indiana

PARENTS

14 Informant: Stanley Bradley

(Address) 3815 Forest Belle Ave

Filed May 31, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-21, 1928, to 5-27, 1928, that I last saw her alive on 5-27, 1928 and that death occurred, on the date stated above, at 6 00 P m

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Findings

(Signed) Fernando A. Revilla M. D.

, 19 (Address) 984 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: May 30 1928

20 UNDERTAKER: Frederick Goodwin for Fullerton — ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 34354

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

31 E 34354

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S. 2nd St. Brooklyn ST. 25-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas J. Caskey.

(a) RESIDENCE NO. 23 S 2Nd. St. Brooklyn M.
(Usual place of abode)

WARD

Length of residence in city or town where death occurred 40 yrs. 8 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Edna M. Caskey.

DATE OF BIRTH (month, day, and year) Aug, 21, 1887.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 8 | 6. | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Repairer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Thomas J. Caskey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Pletz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Edna M. Caskey.

(Address) 23 2nd. St Brooklyn.

Filed ..., 19 ... Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27-/28

17 I HEREBY CERTIFY, That I attended deceased from Feb 20. 1927, to May 27. 1928, that I last saw h wife alive on May 26 1928 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubercular Peritonitis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? ~~Physician~~ no

What test confirmed diagnosis? Physical

(Signed) W. H. Bush, M. D.

5/28, 1928 (Address) 301 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cem. | May 29, 1928 |

20 UNDERTAKER A. Howard Evans ADDRESS 35 E Fort Ave

Cor.—12-9-25—A Co.—200 Bks. Gillette Cavell

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34355

## CERTIFICATE OF DEATH.

118-021

E 34355

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 12-19 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gillette Cavell

(a) RESIDENCE NO. 1717 Barclay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July, 19th. 1885

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 10 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Stallings-Ripple Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Norman M. Cavell

11 BIRTHPLACE OF FATHER (city or town) Fairfax

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Nellie Harris

13 BIRTHPLACE OF MOTHER (city or town) Frederick

(State or country) Va.

14 Informant Mrs. Nellie Harris

(Address) Frederick Co. Md.

15 Filed 1925 Clarence Jones M.D. Registrar

Per

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May, 28 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction due to Richters Hernia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 1 ds.

(Signed) Eugene Feller, M. D.
(Coroner)

5/27, 1925 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet, Frederick, Md. May 30 1925

20 UNDERTAKER Ralph D Cook ADDRESS 1003 N. Gilmor St.

Spec.—1-12-23—M&T—500 Bks.

E 34356

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34356

REGISTERED NO. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3446 Roland Ave ST., 13 WARD)

2-FULL NAME Mary F. Kanapp

(a) RESIDENCE—NO. 3441 Roland Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced (or) WIFE of Lewis H. Kanapp

6 DATE OF BIRTH (month, day, and year) Sept 15 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 78 | 8 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va Virginia

PARENTS

10 NAME OF FATHER Garrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Frank Fuhrman

(Address) 3441 Roland Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1928, to May 27, 1928,

that I last saw her alive on May 26, 1928

and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

5/28, 19 (Address) 846 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Pikesville Balto Co | May 30 1928 |

UNDERTAKER H S Marshall ADDRESS 3538 Fall Rd

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 34357

## CERTIFICATE OF DEATH

E 34357

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 613 N Central Ave Ward 5-8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ward Bacon

(a) RESIDENCE NO. 613 N Central Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 14, 1928

7 AGE: Years Months Days: 14

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Arthur Bacon

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Bacon

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Md

14 Informant Arthur Bacon

(Address) 613 N Central Ave

15 Filed MAY 29 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 14, 19 28, to May 14, 19 28,

that I last saw h alive on May 13, 19 28,

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) 14 yrs. mos. ds.

CONTRIBUTORY None

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

May 28 19 28 (Address) 608 Summit Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Lawn Cemetery — Date of Burial: May 29 19 28

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 725 Washington

Spec. –7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34358

## CERTIFICATE OF DEATH

129 E 34358

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 149 Wilkens Ave St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Eichner

(a) RESIDENCE NO. 149 Wilkens St. 20th Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. — mos. 10 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 16, 1860

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 68 | — | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md

(State or country)

PARENTS

10 NAME OF FATHER John Eichner

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Susan Stark

13 BIRTHPLACE OF MOTHER (City or town) Balto Md

(State or country)

14 Informant E. A. Eichner

(Address) 149 Wilkens

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Feby 9, 1926 to May 27, 1928, that I last saw him alive on May 26, 1928, and that death occurred, on the date stated above, at 1:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. 5 mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Jas L Kooper, M. D.

. 19 (Address) 816 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial May 29th 1928

20 UNDERTAKER F. D. Wappet. ADDRESS 850 W. Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 34359

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34359

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2549 Ashton ST., (Ward) 7th

2—FULL NAME Elizabeth Steinwedel

(a) RESIDENCE NO.? 2549 Ashton ST., 7th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 10 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: (a) HUSBAND of (or) (b) WIFE of

DATE OF BIRTH (month, day and year): Dec 12th 1876

AGE: Years 57 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Peter F. Steinwedel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rose Heuser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

Informant: Chas F. Steinwedel

(Address) 2549 Ashton St

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28th 28

17 I HEREBY CERTIFY, That I attended deceased from May 1928 to May 28 1928

that I last saw h alive on May 28 1928

and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arterio Sclerosis

Acute High blood pressure

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Z Vanderlinder, M. D.

May 1928 (Address) 2000 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 29 1928

20 UNDERTAKER: H. D. Hilgert

ADDRESS: 1850 W. Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

St. Glassmyer

E 34360

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34360

## CERTIFICATE OF DEATH

90 1928 1876

82

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2664 Dulaney ST. W-6 (WARD)

2—FULL NAME Laura D. Scholer

(a) RESIDENCE NO. 2664 Dulaney ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 11 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND (or) WIFE of Edward Scholer

DATE OF BIRTH (month, day, and year) June 24 1846

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 11 | 3 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Ed. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Carl Rehland

(Address) 2951/2 Hillen

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30th 28

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1928, to May 26, 1928.

that I last saw h alive on May 26, 1928

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

May 30 28 (Address) 1026 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL May 30th 1928

UNDERTAKER J. H. Weyland — ADDRESS 150 N. Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34361

## CERTIFICATE OF DEATH

113

E 34361

1—PLACE OF DEATH

REGISTERED NO. 9-47

CITY OF BALTIMORE: (No. 801 Cator ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Patricia R. Little

(a) RESIDENCE NO. 801 Cator ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 29-1927

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | - | 8 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Frank H. Little

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Wheeling, W. Va.

12 MAIDEN NAME OF MOTHER Maria Leyton

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

Informant Frank H. Little

(Address) 801 Cator ave

MAY 29 1928 BALTIMORE, MD.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28. 1928

17

I HEREBY CERTIFY, That I attended deceased from May 19 - 1928, to May 28, 1928,

that I last saw h-e alive on May 26 1928

and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Acute gastro-Enteritis

(duration) - yrs. - mos. 9 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical -

(Signed) John L. Fenby, M. D.

May 28, 1928 (Address) 4 E. Preston st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL May 29 1928

20 UNDERTAKER George W. Zindler

ADDRESS 1737 E. Eager st.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34362

## CERTIFICATE OF DEATH.

65 E 34362

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 107 S Broadway ST. 2-t WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tobia Fine

(a) RESIDENCE NO. 107 S. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 3 yrs. 6 mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Louis Fine

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 61 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benjamin Feverberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Leon Fine (Address) 107 S Broadway

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17 I HEREBY CERTIFY, That I attended deceased from February 25 1928, to May 28 1928, that I last saw h[er] alive on May 28 1928, and that death occurred, on the date stated above, at 5[10] P m.

The CAUSE OF DEATH* was as follows: Acute Pulmonary Edema.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myelogenous Leukemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) Samuel B Wolfe M. D.

5/28 1928 (Address) 1331 E. Northern.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 5/29 1928

20 UNDERTAKER Hof Levinson & Bro — ADDRESS 1127 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 34363

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34363

## CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 W. Biddle ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Braxton

(a) RESIDENCE NO. 235 W. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divoreed, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20-1928

7 AGE Years Months Days If LESS than 1 day, 3 hrs. or 35 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Haywood Thomas

11 BIRTHPLACE OF FATHER (City or town) (State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Marie Braxton

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Virginia

14 Informant

(Address)

15 Filed 29 1928 C. HARRISON JONES, M. D. Registrar

Per Kirk

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Hugh Reynolds M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University Hospital — DATE OF BURIAL 5/21 1928

20 UNDERTAKER — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 34364

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

66 E 34364

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 14 S Bethel St. 3-4 Ward)

2-FULL NAME John Bantum

(a) RESIDENCE NO. 14 S Bethel St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | C | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 29 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER John Bantum

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Jenkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant alice Freeman

(Address) 24 S. Bethel st.

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) May 26 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

a C Alcoholism 2

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Drunkin

(duration) ..... yrs. ..... mos. 1 ds.

Signed) ..... (Coroner) ..... M. D.

5/28/28 19 (Address) 436 Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery Date of Burial may 30 1928

20 UNDERTAKER Edward Bryan ADDRESS 1691 orleans st

Cor.—12-9-25—A Co.—200 Bks.

E 34365

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

188-203 34365

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hospl Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Rosa Kubes

(a) RESIDENCE NO. 921 N. Chapel St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| about 65 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Mrs Anna Kares (Address) Catonsville

15 Filed MAY 29 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Shock (duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Due to Accident

(Duration) yrs. mos. ds.

May 28 1928 (Signed) Thos B. Horton (Coroner) M. D.

(Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (Secret Poisons or Abortions.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Date of Burial May 29 1928

20 UNDERTAKER Ernest Cecil Son ADDRESS 1916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34366

## CERTIFICATE OF DEATH.

129 E 34366

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 900 N. Caroline ST. 10-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Collins.

(a) RESIDENCE NO. 900 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | Married |

5a If married, widowed, or divorced HUSBAND of [redacted] Ellen E. Collins

6 DATE OF BIRTH (month, day, and year) May 9, 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer Lumber wagon

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber. 023

(c) Name of employer Eisenbrein Balto Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Mrs Ellen E. Collins 900 Caroline wife.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 25, 1928, that I last saw h[redacted] alive on May 25, 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage & Paralysis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension, Nephritis

(Duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? at work.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

5/28 1928 (Address) 1426 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL May 29 1928

20 UNDERTAKER Wm. F. Elliott

ADDRESS 1727 Ashland Ave.

Spec.—12-9-25—A Co.—200 Bks.

E 34367

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001 E 34367

REGISTERED NO._____

1-PLACE OF DEATH Sinai Hospital-

City of BALTIMORE: (No._____ St., 70-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pollack, Moses

(a) RESIDENCE NO. 405 S. Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Pollock

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 76 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Samuel Hirsh Pollock

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: J. Lewis

(Address): 1139 E. Bala St.

15 Filed 19 H. HAMILTON JONES, M. D. Registrar

1 25 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/29 19 28

17 I HEREBY CERTIFY, That I attended deceased from 1/18 19 28, to 7/29, 19 28, that I last saw h[illegible] alive on 7/29, 19 28, and that death occurred, on the date stated above, at 2.15 m.

The CAUSE OF DEATH* was as follows:

Bronchio - pneumonia

(duration) .....yrs. .....mos. 11 ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted 405 S Pulaski st

If not at place of death!

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Milton Sherry, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — Date of Burial: 5-29- 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1139 E. Bala.

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34368

## CERTIFICATE OF DEATH

74-001, E 34368

REGISTERED NO.

1-PLACE OF DEATH Mid Gen Hosp

City of BALTIMORE: (No. ..... St. 15-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Greenberg

(a) RESIDENCE NO. 3919 Belle Ave St. ..... Ward .....

(Usual place of abode)

Length of residence in city or town where death occurred No history yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W. Hebrew

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Ray Greenberg

6 DATE OF BIRTH (month, day, and year): No history

7 AGE: Years 47 Months Days

If LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Russia

PARENTS

10 NAME OF FATHER No Frank

11 BIRTHPLACE OF FATHER (City or town) ..... (State or country) Russia

12 MAIDEN NAME OF MOTHER No history

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Russia

14 Informant Hosp Record (Address)

15 Filed ..... 19 ..... Registrar

Per .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-29 1928

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to May 29, 1928, that I last saw h[illegible] alive on May 29, 1928, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. 5 mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? None

What test confirmed diagnosis? Clinical Evidence

(Signed) Jno. A. Wampler M. D.

, 19 (Address) Mrs. Sharpless

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — Date of Burial: 5-29-1928

20 UNDERTAKER: Jack Levis, 1439 E Balto — ADDRESS

Spec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34369 ~~E 34369~~

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1615 Preastman St. 5-21 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Jackson

(a) Residence No. 1615 Preastman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth [redacted] yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph H Jackson

6-DATE OF BIRTH (month, day and year) [illegible] 1893

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work, Domestic

(b) General nature of industry, business, or establishment in which employed (or employer), General

(c) Name of employer, 0

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Bolding

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14-

(Informant) Joseph Jackson

(Address) 1615 Preastman St

15-

Filed [illegible] 192

Per [illegible] Registrar.

E. HAMPTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 26/28

17- I HEREBY CERTIFY, That I attended deceased from May 22 1928 to May 26 1928.

that I last saw h[illegible] alive on May 25 1928

and that death occurred, on the date stated above, at 1.20 A m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) 0

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Albumen & casts

(Signed) John C Stewart, M. D.

, 19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, May 29 1928

20-UNDERTAKER, Thomas E. Kelly

ADDRESS 1303 Preastman St

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34370

## CERTIFICATE OF DEATH.

129 E 34370

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 108 Mt Clare Alley ST. 18-29 WARD

2-FULL NAME Margaret M. DeCoursey.

(a) RESIDENCE NO. 108 Mt. Clare alley ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White. | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 20, 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 1 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) House Work.

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Joseph B. DeCoursey. (Address) 108 Mt Clare alley

15 Filed MAY 29 1928, 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928. to May 28. 1928.

that I last saw h alive on May 28, 1928.

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.

(duration) ... yrs. 4 mos ... ds.

CONTRIBUTORY (Secondary) Acute Bronchopneumonia.

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urin Analysis Etc.

(Signed) Chas. Norton, M. D.

5/28/28 (Address) 888 W Fay 10 A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Hanford Rd

DATE OF BURIAL May 29, 1928

20 UNDERTAKER Wm J Fields

ADDRESS 1700 W Lanvale

Cor.—12-9-25—A Co.—200 Bks.

E 34371

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

128 E 34371

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 1-2 Ward)

2-FULL NAME Stan Mierkiewicz

(a) RESIDENCE NO. 515 S Madeira St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown,

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 56 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Daylaborer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland,

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Michael Mierkiewicz,

(Address) 515 S.Madeira St

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Nephritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

May 28 1928 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St.Stanislaus Cemetery — Date of Burial May 30 1928.

20 UNDERTAKER M F Sadowski — ADDRESS 705 S.Ann St

Spec.–7-17-26—A Co.—200 Bks.

E 34372

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

14-201 E 34372

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1811 E Lombard 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Roycroft

(a) RESIDENCE NO. 1811 E. Lombard Ward
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph E Roycroft

6 DATE OF BIRTH (month, day and year): Sep 26 1853

7 AGE: Years 72 Months 8 Days 4

IF LESS than 1 day hrs. or min.. 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Gottlieb Blum

11 BIRTHPLACE OF FATHER (City or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mary Roycroft
(Address) 1811 E Lombard St

15 Filed ..... 19 .....

C. HAMILTON JONES M.D.
MAY 29 1928
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5, 27 1928

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1928, to May 27, 1928.

That I last saw h.. alive on May 26, 1928

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 80 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. 8 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. Hamilton Jones, M. D.

May 29, 1928 (Address) 1937 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: May 31 '28

20 UNDERTAKER: Martin W. E. Dippel Inc — ADDRESS: 828 Lan

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34373

## CERTIFICATE OF DEATH

129 E 34373

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2005 E. Preston St. 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha L. Grill

(a) RESIDENCE NO. 2005 E. Preston St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S. if of foreign birth 62 yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Rudolph F. Grill

6 DATE OF BIRTH (month, day, and year) Dec. 2nd 1862

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 65 | 5 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Charles Wolff

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mr. Franklin L. Grill

(Address) 2005 E. Preston St.

15 Filed 29 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 25 19 28 to May 28 19 28

that I last saw h alive on May 27 19 28

and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation 1

Nephritis 1

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 da.

18 Where was disease contracted unknown

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Thos. Parran Jr. M.D.

19 (Address) 800 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial May 30 1928

20 UNDERTAKER Henry Hoen(?) Son — ADDRESS 1301 E. Eagg

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34374 X 117 E 34374

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 25-76 ST. James WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Carrie Roby

(a) RESIDENCE NO. Gun Road ST. WARD 13th Dist. Balto. Co.

(Usual place of abode)

Length of residence in city or town where death occurred ~~15~~ yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) ~~Married~~ Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Roby

6 DATE OF BIRTH (month, day, and year) Apr 12, 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 71 | 5 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince William Co. Va

PARENTS

10 NAME OF FATHER H. A. Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nancy Bohannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mrs. M. Fitz Gun Rd Relay Md

15 Filed MAY 28 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-27-28 1928

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to May 28, 1928, that I last saw h~~er~~ alive on May 27, 1928 and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Appendicitis Acute Abscess

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation - Cardiac Dilatation (duration) + yrs mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of 5-27-28

Was there an autopsy? No

What test confirmed diagnosis? Abd. Section

(Signed) Edward L. Reuter, M. D.

5-28, 1928 (Address) Relay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cemetery Hill Cemetery Lansdowne Md

DATE OF BURIAL May 30 1928

20 UNDERTAKER Elwood N. Fisher Lansdowne Md

ADDRESS

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34375

## CERTIFICATE OF DEATH

90 E 34375

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 Winter St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lettie Dorsey

(a) RESIDENCE NO. 121 Winter St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown Apr 12, 1880

7 AGE Years 47 Months 1 Days 8

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): " "

(c) Name of employer: " "

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown

14 Informant Ella Blake

(Address) 32 W. Lanvale St.

15 Filed 5/29 1928 J. WILSON JONES, M. D. Registrar

By —

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/1928

17 I HEREBY CERTIFY, That I attended deceased from 5/18/28, to 5/26/28, that I last saw her alive on 5/25/28, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

about (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteri-sclerosis

about (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

5/28, 1928 (Address) 508 Shirley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial 5/29 1928

20 UNDERTAKER Walter B. Spaggs — ADDRESS 1394 W. Hamilton St.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34376 E 34376

## CERTIFICATE OF DEATH.

10-092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St.) 21-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Eugene Douglass

(a) RESIDENCE No. 1163 Nanticoke St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 17, 1924

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 3 | 11 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Edw. F. Douglass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Mamie A. Ramsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs E. F. Douglass

(Address) 1163 Nanticoke St.

15 Filed MAY 29 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 28, 1928, that I last saw him alive on May 28, 1928, and that death occurred, on the date stated above, at 3:10 p m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Pharyngeal Diphtheria

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & pos. cultures

(Signed) Myron G. Dull, M. D.

5/28, 1928 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill A. C. Co DATE OF BURIAL May 28, 28

20 UNDERTAKER Margaret J. Flynn ADDRESS 14 vv Right St.

Spec.—1-12-23—M&T—500 Bks.

E 34377 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 E 34377

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3152 Ravenwood Ave., St. ) (Ward) 8-40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Agnes Keelan

(a) RESIDENCE No. 3152 Ravenwood Ave., ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 25 1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 30 | 6 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tel. Operator

(b) General nature of industry, business, or establishment in which employed (or employer) C. & P. Tel. Co.

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jas. Keelan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anastasia Sigmott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Keelan (Address) 3152 Ravenwood Ave

15 Filed . 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27th. 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 16th. 19 27, to May 27th. 19 28, that I last saw her alive on May 27th. 19 28 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Cwolek M.D.

19 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cemetery — DATE OF BURIAL May 30 19 28

20 UNDERTAKER Margaret E Flynn — ADDRESS 1417 Fig St

Spec.—1-10-21—M&T—1500 Blks.

E 34378 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34378

## CERTIFICATE OF DEATH.

1291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 McElderry ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W Baker

(a) RESIDENCE No. 1216 McElderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife unknown

6 DATE OF BIRTH (month, day, and year) June 19 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 52 | 11 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of Industry, business, or establishment in which employed (or employer) Wholesale Grocery Co

(c) Name of employer Frey & Co

9 BIRTHPLACE (city or town) (State or country) Rabbitsburg Md (Balto Co)

PARENTS

10 NAME OF FATHER Alfred Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Fannie Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Gertrude Jackson (Address) 1216 McElderry

15 Filed MAY 29 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1928. to May 28. 1928.

that I last saw him alive on May 28 1928.

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency and Hypertension (duration) yrs. 3 mos ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Gentry M. D.

5/28 1928 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Putty Hill Crem. Balto Co. DATE OF BURIAL 5/30 1928

20 UNDERTAKER Byron & Knight ADDRESS 1218 McElderry St

Spec.—1-10-21—M&T—1500 Bks.

E 34379

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34379

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Inf. January 29 1928 REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 629 P ST., WARD)

2-FULL NAME Walter P. Taylor.

(a) RESIDENCE No. Preston Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernice Taylor

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: 64 Months: — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Preston Md

PARENTS

10 NAME OF FATHER: Perry Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Clayton Taylor

(Address) [illegible]

15 Filed JAN 29 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-28 1928.

17 I HEREBY CERTIFY, That I attended deceased from 5-23, 1927, to 5-28, 1928.

that I last saw h[illegible] alive on 5-28, 1928,

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chronic Nephritis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) W Grannis Totterdale M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Preston, Md. DATE OF BURIAL: May 28 1928

20 UNDERTAKER: Wm. J. Tuckwell Sons ADDRESS: N. & Pa

Spec.—1-12-23—M&T—500 Bks.

E 34380

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34380

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 943 N Mount St. 16-2 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Johnson

(a) RESIDENCE NO. 943 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Johnson

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE — Years 42 — Months — Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Frank Johnson

(Address) 943 - Mount St

Filed May 28, 1928 Registrar

CHARLES JOHNS, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 30, 1928, to May 27, 1928, that I last saw h alive on May 27, 1928, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows: Organic Heart Disease

Indefinite

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Garland Schmidt M. D.

May 28, 1928 (Address) 1134 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 5/30/28

20 UNDERTAKER Daniel Easton — ADDRESS 916 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

1316 Rutter St

E 34381 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34381

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Rutter ST 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julina Johnson

(a) RESIDENCE NO. 1316 Rutter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Johnson

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Graham Bailey (Address) 1314 Rutter St.

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 9th, 1928, to May 26th, 1928, that I last saw h alive on May 23d, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Phthisis

(duration) yrs. 1 mos 17 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Asthoria

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. Lee Ellis, M. D.

(Address) 912 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wildone N. C. DATE OF BURIAL 5/29 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Ea ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34382

34382

## CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) St Agnes Hospital ST. 2300 - 70 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Foetus (Girl Priebe)

(a) RESIDENCE NO. 3314 Strickland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-27-28

7 AGE — Years | Months | Days | If LESS than 1 day, 4 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Priebe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Mrs Josephine Priebe 3314 Strickland

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-27, 19 28, to 5-27, 19 28

that I last saw h[illegible] alive on 5-27, 19 28

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Premature foetus

5½ mos. Gestation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Dadagliacca, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER [illegible] Commissioner Health. — ADDRESS

MAY 29 1928

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34383

# CERTIFICATE OF DEATH.

66 E 34383

1-PLACE OF DEATH

City of BALTIMORE: (No. 1415 Eastern St. 3-4 (Ward)

2-FULL NAME Alois Arnold Van Dr Sande.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | M. K. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 46 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant

(Address)

15 Filed 19

Per Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest autopsy or inquiry thereon and from the evidence obtained by said Inquest autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a C Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

C. HANSON JONES, M. D.
UNIVERSITY OF MARYLAND
Commissioner of Health.

Spec.—1-12-23—M&T—500 Bks.

E 34384

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34384

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., 24 WARD) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene McCullen

(a) RESIDENCE No. 1019 Madison ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND) of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1907

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn.

PARENTS

10 NAME OF FATHER Harry Segrieves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Amelia Elridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Hospital Records (Address)

15 MAY 29 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1928, to May 26, 1928, that I last saw her alive on May 26, 1928, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) [signature] M. D.

5-26 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary DATE OF BURIAL MAY 29 1928

20 UNDERTAKER Wm A. C. Elliott ADDRESS 1725 Eutaw Pl.

UNIVERSITY OF MARYLAND

PAUL A. HOSPITAL

Spec.—1-12-23—M&T—500 Bks.

E 34385 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34385

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Balto City Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hughes

(a) RESIDENCE NO. 737 18th at NW ST., Washington DC WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed 9 1928 C. HAMPSON JONES, M. D. Registrar 2106 AFA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26 1928

17 I HEREBY CERTIFY, That I attended deceased from 3-9 1923 to 5-26 1928

that I last saw h. alive on 5-26 1928

and that death occurred, on the date stated above, at 7-08 m.

The CAUSE OF DEATH* was as follows:

Generalized Adenocarcinoma

Chr. Nephritis - Resp. Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER [illegible]

ADDRESS MAY 29 1928

Spec.—1-12-23—M&T—500 Bks.

DAVIS

E 34386

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34386

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5108 Norwood Road ST.) 21-16 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip S. C. Davis

(a) RESIDENCE NO. 5108 Norwood Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marguerite Porter Davis

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 5 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary and

(b) General nature of industry, business, or establishment in which employed (or employer) Treasurer

(c) Name of employer Hotel Rennert Co.

9 BIRTHPLACE (city or town) Elizabeth

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Joshua Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Elizabeth Randolph

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

14 Informant Mrs. Marguerite Davis

(Address) 5108 Norwood Road

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1928

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to May 27 1928

that I last saw h alive on May 18 1928

and that death occurred, on the date stated above, at 2. a' m.

The CAUSE OF DEATH* was as follows: May 28-1928

Acute Hernia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 2. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. R. Lynch, M. D.

5. 29. 1928 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 5/30 19

20 UNDERTAKER Henry W. Myers & Son

ADDRESS 1131 W. Calvert

Spec.—1-10-21—M&T—1500 Bks.

E 34387. HEALTH DEPARTMENT—CITY OF BALTIMORE E 34387.

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W Saunders

(a) RESIDENCE NO. 1028 N Milliman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 28 1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 5 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steamfitter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John T Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary R Grant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo H Saunders

(Address) 1109 N Mt Dorought

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to May 28, 1928, that I last saw h[illegible] alive on May 28, 1928, and that death occurred, on the date stated above, at 5:45 a m.

The CAUSE OF DEATH* was as follows:

Nephritis

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nathan Bateet O'Kelly M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL May 30 1928

20 UNDERTAKER Ralph T Saunders ADDRESS 1742 N Broadway

[illegible] 1926 RPH

Spec.—1-12-28—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34388

## CERTIFICATE OF DEATH.

17 E 34388

1-PLACE OF DEATH 3315 Devonshire Drive

CITY OF BALTIMORE: (No. 27 55 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Judson Warner

(a) RESIDENCE NO. 3315 Devonshire Drive ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lena Warner

6 DATE OF BIRTH (month, day, and year) 6 June 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 11 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Building houses

(c) Name of employer Retired —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Richard Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Rutledge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wife —

(Address)

15 Filed ... 19 ...

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1928

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1927 to May 27, 1928, that I last saw him alive on May 27, 1928 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pt Rawlins

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? — no

What test confirmed diagnosis? none

(Signed) Chas. H. Burnett, M. D.

May 28, 19 28 (Address) 2406 Pa. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem — DATE OF BURIAL 5/30 1928

20 UNDERTAKER Daniel Easton — ADDRESS 914 Pa ave

Spec—12-23-21—E.B.F.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34389 E 34389

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1006 N. Carrollton Ave 16-23 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leman Macy Dickerson

(a) Residence No. 1006 N. Carrollton Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Col.

5-~~Single~~, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Dickerson

6-DATE OF BIRTH (month, day and year) Feb 16, 1874

7-AGE. 54 yrs. 3 mos. 13 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. army

9-BIRTHPLACE (city or town) (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER, Richard Dickerson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), N C,

12-MAIDEN NAME OF MOTHER, Lucy (?)

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14-

(Informant) Carrie Dickerson

(Address) 1006 N. Carrollton Ave

15-

Filed C. HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 21, 1928

17- I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at ..... I. m.

The CAUSE OF DEATH* was as follows:

1. Cardiac Complication

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Macy Williams, M. D.

May 21 1928 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cem

DATE OF BURIAL. 5/31/28

20-UNDERTAKER. Dawson Funeral Co

ADDRESS 916

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34390

## CERTIFICATE OF DEATH.

90

E 34390

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 811 N. Eden St. 16-13 Ward)

2-FULL NAME Henry Meyer

(a) RESIDENCE NO. 811 N. Eden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | ~~Married~~ Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary Meyer

6 DATE OF BIRTH (month, day, and year) Dec 23/1854

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 73 | 5 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Adolph Meyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unkhown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ~~Germany~~

14 Informant John Meyer

(Address) 811 N. Eden St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 May 29/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. dyocarditis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John W. Vaeth M. D.

(Coroner)

18 (Address) 5/29/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Lutheran Cemetery Date of Burial June 1st 1928

20 UNDERTAKER George J. Schilling & Sons ADDRESS 1126 E. Monument

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34391

90 E 34391

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Ednodale ave ST.,  WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John George Seitz

(a) RESIDENCE NO. 2701 Ednodale ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE~~ Annie E Seitz

6 DATE OF BIRTH (month, day, and year) August 11th 1855

7 AGE: Years 72 Months 7 Days 18 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

045

9 BIRTHPLACE (city or town) (State or country): Baltimore Co

PARENTS

10 NAME OF FATHER: Charles W. Seitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Kramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Annie E Seitz

(Address): 2701 Ednodale ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29th 1928

17

I HEREBY CERTIFY, That I attended deceased from May 23rd 1928 to May 29th 1928

that I last saw him alive on May 29th 1928

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Zondy M. D.

5-29 1928 (Address) 2218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: May 31st 1928

20 UNDERTAKER: George Schulling & Sons

ADDRESS: 1126 E Monument st

Spec.—1-12-23—M&T—500 Bks.

(Lunnie Mason Hall)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34392

E 34392

## CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bath City Hospital St. 25-27 Eastern Ave. WARD

2-FULL NAME Lunnie Mason Hall

(a) RESIDENCE NO. Penny Hall Co. Line St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Col. | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 0'10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Clara Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) 1729 Penna Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27 1928

17

I HEREBY CERTIFY, That I attended deceased from 4/24, 1928, to 5/27, 1928, that I last saw h[illegible] alive on 5/27, 1928, and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Contributory (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? [illegible]

(Signed) [illegible], M. D.

5/31, 1928 (Address) Bath City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cem | 5 31 1928 |
| 20 UNDERTAKER | ADDRESS |
| Jas. W. Skinner | 1600 E. Lnad St |

Spec.—1-10-21—M&T—1500 Bks.

E 34393

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34393

## CERTIFICATE OF DEATH.

89

REGISTERED NO. 11-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 918 N. Calvert ST., (WARD)

2-FULL NAME Cleveland Pratt Manning

(a) RESIDENCE NO. 918 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. X mos. X ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arabella Powell

6 DATE OF BIRTH (month, day, and year) May 28 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 11 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work X Retired

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph Boswell Manning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Rebecca Livermore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Milford, N. H.

14 Informant Mrs A. R. Manning

(Address) 98 Calvert St

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1925, to May 26th, 1928,

that I last saw him alive on May 26th, 1928,

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

ARTERIO-SCLEROSIS

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ANGINA PECTORIS

(duration) yrs. mos. One ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L Shearer, M. D.

5/29, 1928 (Address) 905 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem

DATE OF BURIAL 5/30 1928

20 UNDERTAKER Henry H. Jenkins Sons

ADDRESS McCulloh & Orchard Sts

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34394

## CERTIFICATE OF DEATH.

-90 E 34394

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 10 E. Madison ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Ann Allen

(a) RESIDENCE NO. 10 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W. | Widowed |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry A. Allen

6 DATE OF BIRTH (month, day, and year) Oct. 10, 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 7 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — at Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Montgomery Co., Md.

PARENTS

10 NAME OF FATHER George Hopper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucretia Oler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Alice G. Allen

(Address) 10 E. Madison St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1928, to May 27, 1928, that I last saw her alive on May 27, 1928, and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. approximately mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Mildred C. Clough M. D.

5/28, 1928 (Address) 24 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL May 31 1928

20 UNDERTAKER Henry Watkins Sons — ADDRESS Gilmor & Fairfield Ave

Spec.—1-12-23—M&T—500 Blks.

E 34395

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

49 E 34395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp (St.) (Ward) 41

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Pendleton Herring

(a) RESIDENCE NO. 3945 Overhill Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of Agnes Louise Kinney Herring

6 DATE OF BIRTH (month, day, and year) May 25 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 53 | 0 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER Clifford Herring

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Mary Ripley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Arthur K. Herring

(Address) 3945 Cloverhill Rd.

15 Filed MAY 31 1928 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 19 28

17

I HEREBY CERTIFY, That I attended deceased from April 15, 19 28, to May 29, 19 28,

that I last saw h in alive on May 29, 19 28

and that death occurred, on the date stated above, at 2 20 A m

The CAUSE OF DEATH* was as follows:

Carcinoma probably primary in pancreas

? (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of April 16/28

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) R. J. Seward, M. D.

5 24, 1928 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL May 31st 1928

20 UNDERTAKER Henry H. Jenkins Sons Co

ADDRESS McCulloh & Orchard

Cor.—12-9-25—A Co.—200 Bks.

E 34396

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34396

1-PLACE OF DEATH
City of BALTIMORE: (No. En route from U.S.Industrial Chemical Company to South Baltimore General Hospital) 30

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Saunders.(C)

(a) RESIDENCE NO. 602 W.Barre St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Married |

5a If married, widowed, or divorced, WIFE of HUSBAND of Elizabeth Saunders.(C)

6 DATE OF BIRTH (month, day, and year) March 22, 1898

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 30 | 2 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 640

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Henry Saunders.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Sylvia.------(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Elizabeth Saunders.(C) wife.

(Address) 602 W.Barre St.

15 Filed..... 19 G. HAMPSON JAMES, M. D., Registrar

MAY 29 1928

Per

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Cardio Vascular Disease

Oedema & congestion of the lungs

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Hampson James M. D.
(Coroner)

5/29, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lacrosse Va Date of Burial May 30 1928

20 UNDERTAKER Saml N. Chase & Son ADDRESS 1400 Mosher

Spec.—1-12-23—M&T—500 Bks.

E 34397 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 34397

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Beason St. St. 24-35 WARD)

2-FULL NAME Margaret M Hart

(a) RESIDENCE NO. 1423 Beason St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 2 1927.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | | 9 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Michael Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Bridget McHale.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Bridget Hart

(Address) 1423 Beason

15 Filed 1928 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 28, 1928,

that I last saw h alive on May 25, 1928

and that death occurred, on the date stated above, at 7 45 m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos J O Sterne, M. D.

5 29, 1928 (Address) 1501 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mass Cathedral

DATE OF BURIAL May 30 1928

20 UNDERTAKER Chas H Sterne

ADDRESS 1501 E Fayette Ave

Spec.—1-12-23—M&T—500 Bks.

G Kremeyer.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34398

E 34398

100-001

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kremeyer.

(a) RESIDENCE NO. 2016 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 4th 1862

7 AGE — Years: 65 — Months: 5 — Days: 24 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd Jobs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City Maryland

PARENTS

10 NAME OF FATHER: August Kremeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records

15 Filed [illegible], 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/28/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928 to May 28, 1928

that I last saw him alive on May 28, 1928

and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, generalized

cerebral (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general appearance

(Signed) C. Stolman Bunge M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Lutheran Dorsal

DATE OF BURIAL: 5/31/1928

20 UNDERTAKER: Geo. H. Beck & Son

ADDRESS: 2503 Edmondson Ave

Spec.—12-9-25—A Co.—200 Bks.

34399

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 34399

## CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 1-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Milstein

(a) RESIDENCE NO. Lake Shore, Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22 - 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Milstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie Wolpert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Samuel Milstein

(Address) Lake Shore Md.

15 Filed_____, 19____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 May 28 1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 19 28, to May 28, 19 28,

that I last saw h... alive on May 28, 19 28,

and that death occurred, on the date stated above, at 3:00 p.m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ___ yrs. ___ mos. 1 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Wm Schulman, M. D.

5/28, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shaw Mt. Carmel Date of Burial May 30 1928

20 UNDERTAKER Jack Levin ADDRESS 1479 E Balto.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

24-001

E 34400

## CERTIFICATE OF DEATH

E. 34400

REGISTERED NO.

1—PLACE OF DEATH New Imanuel Home

CITY OF BALTIMORE: (No. 2100 E. Balto. ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Shiken

(a) RESIDENCE NO. 103 S. Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Shiken

7 DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant J. Lewis

(Address) 1439 E. Balto

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-28

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to May 29, 1928

that I last saw h[e] alive on May 27 19 28

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy. 1 hour.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

, 19 (Address) 1815 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Workmen Circle Hebrew Nat. Cemetery | 5-30-19 28 |
| **20 UNDERTAKER** | **ADDRESS** |
| Jack Lewis, 1439 | E. Balto. |

Spec.—1-12-25—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34401

## CERTIFICATE OF DEATH.

22 E 34401

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ST 24-35 WARD)

2-FULL NAME Margaret ~~Schaffer~~ Schaffer

(a) RESIDENCE NO. 1618 E. Clement ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29, 1923

| 7 AGE | Years | Months | Days | If LESS than day, hrs or min. |
|---|---|---|---|---|
| | 4 | 8 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Dominick Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Charlotte Westinghouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Sydenham Hosp Records (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to May 29, 1928, that I last saw h[illegible] alive on May 29, 1928, and that death occurred, on the date stated above, at 5 30/9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) 1) Bronchopneumonia 3 dys
2) Cerebral embolism
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross R. C. Cem.

DATE OF BURIAL May 30 1928

20 UNDERTAKER Margaret S. Flynn

ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 34402

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34402

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 21 Summit Ave. St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME JENNIE WAGNER

(a) RESIDENCE NO. 21 Summit Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John G. Wagner Sr.

6 DATE OF BIRTH (month, day, and year): May 31, 1863

7 AGE

| Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 64 | 11 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Port Deposit

(State or country): Maryland

PARENTS

10 NAME OF FATHER: James Blunt

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Not Known

14 Informant: Mr. John G. Wagner Sr. (Husband)

(Address): 21 Summit Ave.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

May 29/28 (Signed) Geo B. Fadis M. D.

, 19 (Coroner) (Address) 143 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: May 31 1928

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE ST & BROADWAY.

Spec.—2-29-28—L. F. S.—500 Blks.

214 4-8 4 E 34403

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 49 E 34403

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Hall

(a) RESIDENCE NO. Cumnock N-C ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Seeker

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N-Car-

10 NAME OF FATHER Carr Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-C-

12 MAIDEN NAME OF MOTHER Myra Lee Burris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N-C-

14 Informant Reeds-

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30-28

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to May 30, 1928,

that I last saw him alive on May 30, 1928

and that death occurred, on the date stated above, at 2 45 P.m.

The CAUSE OF DEATH* was as follows:

Sarcoma Pelvis.

Retro-Vesical

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Tonsilitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? N. C.

Did an operation precede death? No Date of May 27

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Robert E. Merriman, M. D.

, 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sanford N C

DATE OF BURIAL 5/30/28 19

20 UNDERTAKER Joseph Ahrens.

ADDRESS 221 Bway

30 1928

Spec.—1-12-23—M&T—500 Bks.

E 34404

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34404

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST.) (WARD)

2-FULL NAME William Hucke.

(a) RESIDENCE No. Severna Park ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | widowed |

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ....min. |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Hucke.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant

(Address)

15 Filed May 30, 1928 RLK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1928.

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to May 29, 1928

that I last saw him alive on May 29, 1928

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Chronic

Arteriosclerosis

Hypertension

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) C. J. Thelmo Gingl, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Landau Park Cem. | DATE OF BURIAL May 30 1928

20 UNDERTAKER George J. Roth | ADDRESS 1735 Harford Ave

Spec.—1-12-23—M&T—500 Bks.

E 34405

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34405

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5-8 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Sympatricks

(a) RESIDENCE NO. Fleming Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer - odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Pat Sympatricks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary O'Rourke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant

(Address) Remote

15 Filed, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/ 1928.

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to May 26, 1928

that I last saw him alive on May 26, 1928

and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Abdomen

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Symptoms

(Signed) C. Jeremiah Keogh M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemty. DATE OF BURIAL: May 31 1928

20 UNDERTAKER: Geo. J. Rust ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34406

## CERTIFICATE OF DEATH.

90 E 34406

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 E. 33rd ST. 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Mitchell

(a) RESIDENCE NO. 1714 E. 33rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar C. Mitchell

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 54 | 6 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna K. Hagard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edgar C. Mitchell

(Address) 1714 E. 33rd

15 Filed ... 1928 ... M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1927 to May 28 1928.

that I last saw h alive on May 28 1928,

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lyman S. Abbott M. D.

(Address) 1832 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery DATE OF BURIAL May 30 1928

20 UNDERTAKER Harry M. Weitz ADDRESS 1531 N. Londo

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34407 ✓ E 34407

E 34407

## CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Fair Oaks Ave., Hamilton ST.) 12 (WARD)

2-FULL NAME Emma Louise Harrison

(a) RESIDENCE No. 5507 Fair Oaks Ave. Hamilton ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced (HUSBAND of or) WIFE of William J. Harrison

6 DATE OF BIRTH (month, day, and year) Feb. 16th, 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 3 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pittsburgh, (State or country) Pa.

PARENTS

10 NAME OF FATHER William D. Pownall

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Marget Boles

13 BIRTHPLACE OF MOTHER (city or town) Pittsburgh (State or country) Pa.

14 Informant Mrs. H. A. Dosch
(Address) 5507 Fair Oaks Ave., Hamilton

15 Filed May 30, 1928 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28th, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to May 28, 1928, that I last saw h[illegible] alive on May 28, 1928 and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (many years) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas B. Green, M. D.

5/30 1928 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockwood Cemetery — DATE OF BURIAL May 31 1928

20 UNDERTAKER Frederick Lassahn & Son — ADDRESS Fullerton

Spec.—1-12-23—M&T—500 Blks.

E 34408 HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 34408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Devin.

(a) RESIDENCE No. 320 E. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 64 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Garrett Devin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Relative

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/20/1928

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 20, 1928

that I last saw him alive on May 20, 1928

and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sub.

(Signed) C. Jelleme Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

DATE OF BURIAL: 5/30 1928

20 UNDERTAKER: J. J. Fahey & Sons

ADDRESS: 1318 Light st

Spec.—1-12-23—M&T—500 Blks.

E 34409 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34409

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3736 Roland Ave ST. 13 WARD 35 52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Armiger

(a) RESIDENCE NO. 3736 Roland Ave. ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Armiger

6 DATE OF BIRTH (month, day, and year) Aug. 3-1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 65 | 9 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Guard 8/6

(b) General nature of industry, business, or establishment in which employed (or employer) Poole Eng. & Mch. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Benjamin H. Armiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Sarah E. Armiger (Address) 3736 Roland Ave

15 Filed ... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29. 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1927, to May 29, 1928, that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Chronic Fibroid Phthisis. Pneumothorax

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) E. H. Martin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL June 1- 1928

20 UNDERTAKER Grace F. Burgee ADDRESS 631 W. Lexington St.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34410

## CERTIFICATE OF DEATH.

100-001

E 34410

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., WARD)

2-FULL NAME Mrs Mary N. Elburn

(a) RESIDENCE NO. 5604 Arbutus Ave ST., Arlington WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Elburn

6 DATE OF BIRTH (month, day, and year) Oct. 22-1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or min. |
|---|---|---|---|---|
| | 59 | 7 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary N. Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Herbert N. Elburn

(Address) 5604 Arbutus ave

15 Filed ..... , 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-25, 1928, to 5-28, 1928,

that I last saw h[illegible] alive on 5-28, 1928

and that death occurred, on the date stated above, at 10.5 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis L Dalrymple M. D.

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Leach Chapel Kent Co. | May 31 1928 |

20 UNDERTAKER Horace F. Burgess ADDRESS 1431 Fulton Rd

Spec.—2-29-28—L. F. S.—500 Bks.

WOOD

214E 34411

# HEALTH DEPARTMENT—CITY OF BALTIMORE

65-00 2E 34411

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James W. Wood

(a) RESIDENCE NO. 929 Pearson St ST., Eighth WARD 7a —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle G. Wood

6 DATE OF BIRTH (month, day, and year) Jan. 29-1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | 4 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipfitter —

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va —

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car —

12 MAIDEN NAME OF MOTHER Eliz A. Manning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Car —

14 Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 30 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-28

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 29, 1928, that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at 9 47 P. m.

The CAUSE OF DEATH* was as follows:

(a) Hodgkin's Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hodgkin's probably in Brain, Liver & Peritoneum (duration) yrs. 5 mos.? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of May 21, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Lyman Meeks, M. D.

5/30. 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Norfolk Va | May 30 1928 |
| 20 UNDERTAKER Horace H. Burgess | ADDRESS 1631 Falls Rd |

Spec.—2-29-28—L. F. S.—500 Bks.

213 931

E 34412

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-001

E 34412

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Jeeling

(a) RESIDENCE NO. 1002 N. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 21 1928

7 AGE: Years 0 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Bertha Killmeyer

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

14 Informant Record Off.

(Address)

15 Filed ____, 19 Rich Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-1928

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1928, to May 29, 1928, that I last saw h[illegible] alive on May 29, 1928 and that death occurred, on the date stated above, at 5 42 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. 5 wks. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema, collapse

3 hrs. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Allen Bloom, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hill Cemetery — DATE OF BURIAL: May 31 1928

20 UNDERTAKER: August Paeske — ADDRESS: 842 Orleans Ave

Cor.—12-9-25—A Co.—200 Bks.

Sumbley

# E 34413 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

+ 199 E 34413

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. ) (Ward)

2-FULL NAME John Cardinal Sumbley

(a) RESIDENCE NO. Waldorf St. Md St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, ~~Married~~, ~~Widowed~~, ~~or Divorced~~. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 15 88

7 AGE: Years 39 | Months 9 | Days 12 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farm Hand

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: C Sumbley.

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Hunt & Ryon

(Address) Waldorf Md

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28 1928

17 I HEREBY CERTIFY that I viewed the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple Fractures Hemorrhage (duration) yrs. mos. 26 ds.

Shock (duration) mos. 1 ds.

Signed: [illegible] M. D. (Coroner)

19 (Address) 143 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Charles County Date of Burial: May 31 1928

20 UNDERTAKER: George J. Ruth ADDRESS 1735 Harford Av

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34414 E 34414

## CERTIFICATE OF DEATH.

REGISTERED NO. 1359

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2201 Whittier Ave. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Marks

(a) RESIDENCE NO. 2201 Whittier Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Marks

6 DATE OF BIRTH (month, day, and year) About 1848 ~~1861~~ 7/16

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| About | 80 | 4 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Sidney Marks

(Address) 2201 Whittier Ave

15 Filed 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30th. 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 30, 1928, that I last saw h[illegible] alive on May 30, 1928 and that death occurred, on the date stated above, at 12.30 P.m.

The CAUSE OF DEATH* was as follows:

a nephritis

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

, 19 (Address) 1810 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Hebrew Cem. | 5/31/ 1928 |

20 UNDERTAKER David Sondheim

ADDRESS (1820 W. Mt. Royal Ave.

Spec.—1-12 23—M&T—500 Bks.

E 34415 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-002 E 34415

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital 24-31 ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Russell Lucas

(a) RESIDENCE No. 1746 Webster St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min |
|---|---|---|---|---|
| | 1 | 7 | 13 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Eliz. Gaskell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Mrs. Andrew Lucas

(Address) 1746 Webster St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1928

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to May 30, 1928, that I last saw him alive on May 30, 1928, and that death occurred, on the date stated above, at 9-30 a. m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Pharyngeal Diphtheria

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

5/30 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila. Pa. Arlington N. J. DATE OF BURIAL 5/31/28. 19

20 UNDERTAKER George J. Puth Sons ADDRESS 1735 Harford

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34416

## CERTIFICATE OF DEATH.

E 34416

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital 11-24 Ward)

2-FULL NAME Mamie Johnson McKeever

(a) RESIDENCE NO. 862 Tyson st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE: Years 31 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) md

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) md

14 Informant Robert McKeever

(Address) 862 Tyson st

15 Filed , 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Nephritis

(duration) yrs. mos. 2 ds.

Contributory E L Lawson

(duration) yrs. mos. 1 ds.

(Signed) G C Blades M. D.

(Coroner)

May 30 , 19 28 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: McAuley Date of Burial: Jun 1 1928

20 UNDERTAKER: Daniel Easton ADDRESS 916 Park

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blk.

E 34417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 | E 34417

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. ..... ST. 14-20 WARD)

2-FULL NAME Priscilla Bell

(a) RESIDENCE NO. 825 W. Fayette ST., ..... WARD .....
(Usual place of abode) 2032 Ellwood Ave.
Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant .....
(Address) Same

15 Filed ....., 19 ..... Registrar .....

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1927, to May 28, 1928, that I last saw h.. alive on May 28, 1928 and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 5 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) myocarditis chronic

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Sputum

(Signed) C. Holmes Brown M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. | DATE OF BURIAL May 29 1928

20 UNDERTAKER Samuel H. Brinsley | ADDRESS 2 Eddie

Spec.—1-12 23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34418

## CERTIFICATE OF DEATH.

100-00k E 34418

1-PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. 9-46 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olie Larkins

(a) RESIDENCE NO. 519 E. 27th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24, 1925

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 4 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Walter Larkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Irene King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Sydenham Hosp Records

15 Filed ..19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to May 29, 1928, that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Septicemia. (Streptococcus Viridans)

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (Terminal)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) H Sachman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 5/31 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

Dr. Ferry 910 W Lemland St ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34419

## CERTIFICATE OF DEATH

+ 31 ✓ E 34419

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 853 Reinhart ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Raymond Dodson

(a) RESIDENCE NO. 853 Reinhart ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 12 1911

7 AGE — Years: 15 | Months: 9 | Days: 16 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Fairfax Va

10 NAME OF FATHER: Thomas Dodson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fairfax Co Va

12 MAIDEN NAME OF MOTHER: Eliz. Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fairfax Co Va

14 Informant: Elizabeth Dodson

(Address) 853 Reinhart St

Filed MAY 31 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27/28

17 I HEREBY CERTIFY, That I attended deceased from 5/25/, 1928, to 5/29/28, 19, that I last saw h[illegible] alive on 5/28/28, 19, and that death occurred, on the date stated above, at 5/ 30 a. m.

The CAUSE OF DEATH* was as follows:

I. (a) Phthisis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) Indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Edward J Tenny, M. D.

5/31/19 28 (Address) 910 W Lemland

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet Cem | May 30 1928 |
| 20 UNDERTAKER | ADDRESS |
| William Burk | 50 E Fratt |

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34420

## CERTIFICATE OF DEATH

E 34420

1-PLACE OF DEATH 4th ave, Fairfield ave 2nd st. 90

CITY OF BALTIMORE: (No.) 4th Ave. Fairfield (St.) 25-16 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Harris

(a) RESIDENCE. No. 4th Ave Fairfield. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred several years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw Harris

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 37

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Jim woodard.

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant (Address) Oscar. Gray Parkview ave. Catonsville Md.

15 Filed . 19 . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17 I HEREBY CERTIFY, That I attended deceased from March 19- 28 to May 29 28, that I last saw h- alive on May 5th 28 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M.D. Harrison, M. D.

. 19 (Address) Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL May 31 19 28

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Preston

SECTION ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34421 E 34421

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 E North ave., 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Lee D Levy. Webb.

(a) RESIDENCE NO. 1103 E North ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 9 1897

7 AGE Years 30 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book

(b) General nature of industry, business, or establishment in which employed (or employer) Binder

(c) Name of employer Levy Bro.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jesse W. Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine Riggs Bro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Catherine Webb (Address) 1103 E North ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17

I HEREBY CERTIFY, That I attended deceased from May 20 1928 to May 29 1928 that I last saw h alive on May 29 1928 and that death occurred, on the date stated above, at 10.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver & Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Ethan A Carter M. D.

May 28, 1928 (Address) 2105 N Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL 6/2 1928

20 UNDERTAKER George F. Keith ADDRESS 1735 Harford ave

IT IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34422

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

49 E 34422

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 Harford ave ST. 9-16 WARD)

2-FULL NAME Mrs Catharine Hatch

(a) RESIDENCE NO. 1746 Harford Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late James Hatch

6 DATE OF BIRTH (month, day, and year): Aug 1860

7 AGE: Years 67 Months 9 Days ___ If LESS than 1 day, hrs. or min. ___

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: John Whalen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Ryhan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Charles Hatch

(Address) 1746 Harford ave

15 Filed ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to May 28, 1928, that I last saw h alive on May 28, 1928, and that death occurred, on the date stated above, at 6:55 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis
original focus urinary bladder

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

5/30, 1928 (Signed) Fritz J Kinzey, M. D.

(Address) 700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: May 31, 1928

20 UNDERTAKER: George J. Rutt — ADDRESS: 1736 Harford av

Spec.—1-12-28—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34423

## CERTIFICATE OF DEATH.

3 1 E 34423

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Foster Ave ST. 1-3 WARD)

2-FULL NAME Marie Gaydos (Marie Polczynska)

(a) RESIDENCE NO. 2523 Foster Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establiishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Marcin Polczynski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Victoria Mandas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Jos Gaydos
(Address) 2523 Fosterave

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1928, to May 30, 1928, that I last saw h[illegible] alive on May 30, 1928 and that death occurred, on the date stated above, at 1320 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 14 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Kruger, M. D.

, 19 (Address) 2611 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Stanislaus Cem | 6-2 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Stephen J Jaskowski | 1125 S Ann St |

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34424

## CERTIFICATE OF DEATH

31 E 34424

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1827 Aisquith St. 9-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Stanhoff

(a) RESIDENCE NO. 1827 Aisquith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 9 mos. 6 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 25 1895

7 AGE: Years 32 Months 9 Days 6 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. (State or country) Md

PARENTS

10 NAME OF FATHER: Frank B. Stanhoff

11 BIRTHPLACE OF FATHER (City or town): Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER: Margaret J. Snee

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Scotland

14 Informant: Mr. Frank B. Stanhoff

(Address) 1827 Aisquith St

15 Filed ..... 19 ..... Registrar

MAY 31 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 May 31

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1928, to May 31, 1928, that I last saw her alive on May 30, 1928, and that death occurred, on the date stated above, at 2 25 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) J. Bernard Steinhauer, M. D.

5/31, 1928 (Address) 1216 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial June 2nd 1928

20 UNDERTAKER: Henry Hoeck Son ADDRESS 1301 E Eager St

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

21E 6 0
21E 34425

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

4qvE 34425

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 8-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M ~~Stork~~ Storck

(a) RESIDENCE NO. 1738 Howard ST., Case — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Edmund L. Storck Sr.

6 DATE OF BIRTH (month, day, and year) February 18 1874

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 54 | 3 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER George Reisig

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Annie Gardner

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Records -
(Address)

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-28

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 29, 1928.

that I last saw her alive on May 29, 1928

and that death occurred, on the date stated above, at 7 15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Trachea, recurrent.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/28/28

Was there an autopsy? yes

What test confirmed diagnosis? Death + study of tissues removed at operation

(Signed) L. M. Pologi, M. D.

5/29, 1928 (Address) Johns Hopkins Hosp. -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cemetery | June 1 1928 |
| 20 UNDERTAKER Henry Hoen & Son | ADDRESS 130 E Eager St |

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34426

## CERTIFICATE OF DEATH.

161-001 E 34426

REGISTERED NO.

1-PLACE OF DEATH

(City of BALTIMORE) No. 414 S. Calhoun St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr & Mrs Walter J. Jones

(a) RESIDENCE NO. 414 S. Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 29/28

7 AGE — Years | Months | Days | If LESS than 1 day 8 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Walter J. Jones

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Oregon

12 MAIDEN NAME OF MOTHER: Emma R. Pittman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Texas

14 Informant: Mrs Jones

(Address): 414 S Calhoun St.

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29 1928

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to May 29, 1928, that I last saw h[illegible] alive on May 29, 1928, and that death occurred, on the date stated above, at 5-30 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Ephacelus

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test(s) confirmed diagnosis?

(Signed) [illegible], M. D.

5-29-1928 (Address) 164 N Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — Date of Burial 5-31 1928

20 UNDERTAKER: Robert Brooks & Son — ADDRESS Calhoun Hollins st.

Very important. See instructions on back of certificates.

Spec.—1-32-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34427

## CERTIFICATE OF DEATH.

100-001

100 E 34427

REGISTERED NO.

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No. Balto Md ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Cooper

(a) RESIDENCE NO. 113 East 51 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 27 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Delaware

PARENTS

10 NAME OF FATHER: Robert Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Mary Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Delaware

14 Informant (Address): Balto City Hospl Balto Md

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/28/1928

17 I HEREBY CERTIFY, That I attended deceased from 4-27, 1928, to 5-28, 1928

that I last saw her alive on 5-28, 1928

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholic Delirium

Terminal Bronchopneumonia

CONTRIBUTORY (Secondary): Alcoholism (duration) yrs. 4 mos. ds. Psychosis Acute Alcoholic (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm H Arnold M. D.

5/29/28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbury — DATE OF BURIAL: May 31 1928

20 UNDERTAKER: John W Henderson — ADDRESS 1602 E Monument

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34428 E 34428

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Frederick Ave. ST. 26-7 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Blankner

(a) RESIDENCE No. 3204 Frederick Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory Worker do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Rennous Kleinle Co.

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Blankner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. John M. Blankner

(Address) 86 Ceton Avenue

15 Filed May 31 1928 HARRY JONES, R. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25 1928 to May 28 1928.

that I last saw her alive on May 28, 1928

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

indefinite

(duration) — yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 3204 Frederick Ave.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin & Phy Exam

(Signed) Fred J. Kyser, M. D.

, 19 (Address) 3321 Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 31 1928

20 UNDERTAKER Leopold Cook

ADDRESS 1003 West Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 34429

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100 E 34429

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 36 N. Bentalou ST. (WARD) 20-69

2-FULL NAME Leroy Chase

(a) RESIDENCE NO. 36 N. Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 19 27

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 2 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Paul G. Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Catherine Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Paul G. Chase

(Address) 36 N. Bentalou

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to May 29, 1928, that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Edward Carter M. D.

5/30, 1928 (Address) 2105 N. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Brooklyn)

DATE OF BURIAL 5/31, 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34430

## CERTIFICATE OF DEATH.

129 E 34430

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. A. Bonhage

(a) RESIDENCE NO. 4418 Raspe Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Ruth Bonhage

6 DATE OF BIRTH (month, day, and year): Nov 6/89

7 AGE — Years: 38 Months: 6 Days: 22 If LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Herman Bonhage

11 BIRTHPLACE OF FATHER (city or town): Ger.

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ger.

14 Informant: Ruth Bonhage

(Address) 4418 Raspe Ave

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis- Myocarditis

(duration) 1 yrs. ....mos. ....ds.

(Signed) H M Taylor M. D.

(Coroner)

5/30/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. Date of Burial 5/31 1928

20 UNDERTAKER: Philip Herring ADDRESS 2016 Orleans

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Bernstein

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34431

## CERTIFICATE OF DEATH.

74-001 ✓ ✓

74 E 34431

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinia Hospital St., 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Racheel Bernstein

(a) RESIDENCE NO. 313 East 25th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| ~~Female~~ | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Bernstein

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant J. Lewis

(Address) 1439 E. Balto. St.,

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-31- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above. ner

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ....yrs. ....mos. ....ds.

CONTRIBITORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

5/31/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Avenue — Date of Burial: 6-1- 1928

20 UNDERTAKER: [signature] ADDRESS: 1439 E. Balto. St.,

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 34432

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34432

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2808 Hilldale Ave ST. 15-56 WARD)

2-FULL NAME George Lucius Brown

(a) RESIDENCE NO. 2808 Hilldale Ave ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M. | W. | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie E Brown

6 DATE OF BIRTH (month, day, and year) Dec 23-1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 73 | 5 | 6 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Machine Manufacturer
(c) Name of employer

9 BIRTHPLACE (city or town) Boston
(State or country) Mass.

PARENTS

10 NAME OF FATHER Lucius Brown

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Harriet E Snow

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Massachusetts

14 Informant Saul D Perry
(Address) 2520 Linwood Ave

15 Filed MAY 31 1928. 19 C. H. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to May 28, 1928.
that I last saw h[illegible] alive on May 28, 1928,
and that death occurred, on the date stated above, at 11± a. m.
The CAUSE OF DEATH* was as follows:

Mitral stenosis

Uncertain

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterio - sclerosis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) Wm Deaver Thomas, M. D.
5/31, 1928 (Address) Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL June 1st 1928

20 UNDERTAKER Bertram Gore — ADDRESS 1723 W Lafayette Ave

Spec.—1-12-23—M&T—500 Blks.

E 34433 HEALTH DEPARTMENT—CITY OF BALTIMORE D 34433

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Lobster Ave ST., 12-50 WARD)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Otis Warner

(a) RESIDENCE No. 303 Lobster Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blair A. Warner

6 DATE OF BIRTH (month, day, and year) Nov 10-1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 69 | 6 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector 073

(b) General nature of industry, business, or establishment in which employed (or employer) Penna R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Vermont

PARENTS

10 NAME OF FATHER Carlton Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Blair A Warner (Address) 303 Lobster Ave

15 Filed MAY 31 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30th 1928

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to May 30, 1928, that I last saw h[illegible] alive on May 30, 1928, and that death occurred, on the date stated above, at 6-15 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical symptoms

(Signed) H Augustus Ingraham M. D.

5/31, 1928 (Address) 613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. †See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: June 2 1928

20 UNDERTAKER: P Putnam Sons — ADDRESS: 1738 W. Lafayette Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34434

## CERTIFICATE OF DEATH

90

E 34434

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital Ward) 22-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Williams (Washington)

(a) RESIDENCE NO. 116 Henrietta St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Married |

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Lewis Williams

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1891

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| 31 | 36 | 7 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Essex Co. Va.

PARENTS

10 NAME OF FATHER Robert Washington

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Essex Co. Va

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Essex Co Va.

14 Informant Mary Washington Mother

(Address) 117 Henrietta St

15 Filed ..., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-3-, 1928, to 5-28, 1928, that I last saw h.. alive on 5-27, 1928, and that death occurred, on the date stated above, at 5:10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Terminal Bronchopneumonia

Incidental (duration) (in hospital) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Blackson M. D.

5/28, 1928 (Address) 600 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct Date of Burial May 31 1928

20 UNDERTAKER S. A. Brown & Son ADDRESS 108 W. Monument

very important. See instructions on back of certificates.

Spec.–7-17-26–A Co.–200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34435 — 90 — E 34435

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St., 32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Robinson

(a) RESIDENCE NO. Home de Grace (395 S. Albemarle St., Ward (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE — Years: 73 — Months — Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fisherman

(b) General nature of Industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mercy Hospital Records

(Address)

15 Filed ..... 19 .....

AUG 31 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29/28

17

I HEREBY CERTIFY, That I attended deceased from 5/25/28, 19..... to 5/29/28, 19....., that I last saw h[illegible] alive on 5/29/28, 19....., and that death occurred, on the date stated above, at 11 25 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio-vascular Disease

..... (duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema & cardiac Decompensation

..... (doration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis?

(Signed) J. E. Whitehead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — Date of Burial: 5/31 1928

20 UNDERTAKER: J. J. Tobey & Sons — ADDRESS: 1318 Light St

Be sure all items are properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# E 34436 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 34436

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Brice St. ST. L. WARD 1)

2-FULL NAME William E. Eline

(a) RESIDENCE NO. 601 Brice St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Eline

6 DATE OF BIRTH (month, day, and year) 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 57 | 7 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Apt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Frank Eline

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Johanna Eline
(Address) 601 Brice St.

15 Filed May 31 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25th 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 20th, 1928, to May 25th, 1928, that I last saw him alive on May 25th, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs
Probably tuberculous pleurisy
Intercurrent

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Coal Loop Baltimore City

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Hemorgues H. F. Hill, M. D.

, 19 (Address) 3711 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cem | May 31 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Rhenowdtown | 2 E. Centre |

Cor.—12-9-25—A Co.—200 Blks.

34437

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34437

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 Mow Mc Ghee Ct. St., 25 Ward)

REGISTERED NO. 18-83 E 34437

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Leroy Tyson

(a) RESIDENCE NO. 3540 Hickory St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 30, 1916

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 12 | | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md.

(State or country)

PARENTS

10 NAME OF FATHER Elmer Tyson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md.

12 MAIDEN NAME OF MOTHER Eva Jiggitts

13 BIRTHPLACE OF MOTHER (city or town) md.

(State or country)

14 Informant Elmer Tyson

(Address) 3540 Hillsyard Ave.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitro Adenoma of Medulla Fractures

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

(Signed) M. D.

(Coroner)

May 31, 19 28 (Address) 318 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Weather Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Date of Burial May 31, 1928

20 UNDERTAKER Chenowell & Son ADDRESS 3615 Chestnut Ave

very important. See instructions on back of certificate.

Entry classified. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34438

100-001

## CERTIFICATE OF DEATH.

E 34438

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 S. Hanover ST. 23-31 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice M Tarleton

(a) RESIDENCE NO. 900 S Hanover ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Femal | W. | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 26 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | 2 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) ..... none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Anthony R Tarleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Solomons Island

12 MAIDEN NAME OF MOTHER Margaret Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Mr Anthony R Tarleton 900 South Hanover st

15 Filed ..... 1928 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1928

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to May 30, 1928, that I last saw h[illegible] alive on May 30, 1928, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Solomons, Calvert Md

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) C Kapp, M. D.

, 19 (Address) 1315 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Solomons Island - via B. & O. R.R.

DATE OF BURIAL May 31 1928

20 UNDERTAKER John H. Denny

ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

E 34439

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34439

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1009 Stennett ST. 21-24 WARD)

2-FULL NAME Mary E. Metz

(a) RESIDENCE NO. 1069 Stennett ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female / Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 8 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 8 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas. Metz

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Ellen Hoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mrs Eliz Gardner

(Address) 1009 Stennett St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 29 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/1/28, 19..., to 5/29/28, 19 28, that I last saw h alive on 5/29/28, 19 28 and that death occurred, on the date stated above, at 10 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Stephen Donn M. D.

, 19 (Address) 1 W Fayette Balto City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 6-1 1928

20 UNDERTAKER Bernard C Harkins

ADDRESS 1020 S Paca St

MAY 31 1928

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34440

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 34440

1-PLACE OF DEATH

City of BALTIMORE: No. 2652 Florence St. 13-54 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Richardson

(a) Residence No. 2652 Florence St., .....Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Richard Richardson

6-DATE OF BIRTH (month, day and year) May 6, 1877

7-AGE, 50 yrs. 9 mos. 22 ds.

If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work, Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry Clerks

(c) Name of employer, General

9-BIRTHPLACE (city or town), (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John W. Sullivan

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Md

12-MAIDEN NAME OF MOTHER, Rachel A. Davis

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Md

14- (Informant) Richard Richardson

(Address) 2652 Florence St

15- Filed ....1928.... 192.... Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 28-1928

I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to May 28, 1928, that I last saw her alive on May 28, 1928, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Renal

(Duration) — 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test Evidence

(Signed) John C. Hewitt M. D.

, 19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Lincoln Park Cemetery — DATE OF BURIAL, May 31, 1928

20-UNDERTAKER, Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Spec.—2-29-28—L. F. S.—500 Bks.

21396 E 34441

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46 E 34441

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 18-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carol Price

(a) RESIDENCE NO. 5206 Fremont ST., Asc WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | M |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of McClain

6 DATE OF BIRTH (month, day, and year) ? 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Chas - Young -

11 BIRTHPLACE OF FATHER (city or town) Mass -
(State or country)

12 MAIDEN NAME OF MOTHER Mary -

13 BIRTHPLACE OF MOTHER (city or town) Mass -
(State or country)

14 Informant Reads -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 31 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-28

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to 29 May, 1928, that I last saw h alive on 29 May 28, 19, and that death occurred, on the date stated above, at 1.40 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary c
metastasis
Ileus acute.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ileus

(duration) yrs. mos. ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? Yes Date of 26 May 28

Was there an autopsy?

What test confirmed diagnosis?

(Signed) I. R. Sweeney Trumbo, M. D.

May 27, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/1 1928

20 UNDERTAKER Mrs. Chas. H. Holland

ADDRESS 1610 Druid

Spec.—12-9-25—A Co.—200 Bks.

E 34442

Helen M... Lushbaugh

HEALTH DEPARTM—CITY OF BALTIMORE

49 E 34442

REGISTERED NO.

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Lineal Hospital

City of BALTIMORE: (No.) Mrs. Mercedes Rutland St., Ward 19

2-FULL NAME Helen Mrs Lushbaugh

(a) RESIDENCE NO. 1823 Guilford ave St., Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas W. Lushbaugh

6 DATE OF BIRTH (month, day, and year): Oct. 30-1863

7 AGE: Years 64 Months 6 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Elias T. Cruse

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Not known

14 Informant Wallace Lushbaugh

(Address) 1823 Guilford ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

5-29-28.

17

I HEREBY CERTIFY, That I attended deceased from 5-19 19 8, to 5-29 19 8, that I last saw h[illegible] alive on 5-29-28 19 8, and that death occurred, on the date stated above, at 1.40 m.

The CAUSE OF DEATH* was as follows:

Anemia

10 days Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Abscess

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Jos Cohen, M. D.

, 19 (Address) Cedar Knoll

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

Date of Burial: June 1 1928

20 UNDERTAKER: George W. Jirkler

ADDRESS: 1737 E. Eager St

very important. See instructions on back of certificates.

JUN 1 1928

Spec.—6-9-19—H. P. Co.—1000 Bks.

Leigner

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34443

## CERTIFICATE OF DEATH.

100 V

100 E 34443

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 521 S Ceasley St ST. 1-V WARD)

2-FULL NAME Anna Mary Leigner

(a) RESIDENCE. NO. 521 S Ceasley ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 16-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 14 | |

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Jr. Leigner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairmount Indiana

12 MAIDEN NAME OF MOTHER Anna Kirchner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John Jr. Leigner (Address) 521 S Ceasley St

15 Filed . 19 . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1928

17 I HEREBY CERTIFY, That I attended deceased from May 16 . 19 28. to May 31 . 19 28. that I last saw h alive on May 30 . 19 28. and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. m 3 ds.

CONTRIBUTORY (Secondary) Premature

(duration) yrs. 6½ mos. ds.

(a) Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Mitchell M. D

5/31. 1928 (Address) 1299 Hillsdale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery DATE OF BURIAL May 31, 1928

20 UNDERTAKER Margaret D. Flynn ADDRESS 1422 Light St.

HOW IS VERY important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 34444

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

159-003 ✓ E 34444

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument St. 7-1-29 Ward)

2-FULL NAME Baby Anna Lantz

(a) RESIDENCE NO. 1111 Sargent St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 10, 1928

7 AGE Years 3 Months 4 Days 20. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Vernon Lantz

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Lachley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Vernon Lantz

(Address) 1111 Sargent St

15 Filed..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 30, 1928, that I last saw h.. alive on May 30, 1928, and that death occurred, on the date stated above, at 8.55 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Congenital Pyloric Stenosis (duration) ...yrs. 2 mos. ...ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Milton Stern, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. Date of Burial June 1 1928

20 UNDERTAKER Margaret D. Flynn ADDRESS 1422 Light St

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34445

## CERTIFICATE OF DEATH

× 125 E 34445

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Duckworth

(a) RESIDENCE NO. Spring Grove-Catonsville Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Miner

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (City or town)

(State or country) unk

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unk

14 Informant Hospital Records

(Address)

15 Filed ..... 1926 C. H. [illegible], M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/28/28

17 I HEREBY CERTIFY, That I attended deceased from 5/28/28, 19..., to 5/28/28, 19..., that I last saw him alive on 5/28/28, 19..., and that death occurred, on the date stated above, at 9 HR A.M. m.

The CAUSE OF DEATH* was as follows:

Probably Perforated Ulcer or Acute Pancreatitis

..... (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Myocardia Failure

..... (duration) ..... yrs. ..... mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 5/28/28

Was there an autopsy? —

What test confirmed diagnosis? Gerster

(Signed) J. L. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Spring Grove Hospital Cemetery | June 1 1928 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| Harry W. Fritzlee | 153 W. Lombard |

IF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34446

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34446

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 Chelsea Terrace St. 16 61 WARD)

2-FULL NAME Harmon Griffith Smith

(a) RESIDENCE NO. 2352 Guilford Ave (Usual place of abode) ST., WARD

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year): Nov. 11, 1882

7 AGE — Years: 45 Months: 6 Days: 19 If LESS than 1 day, hrs. or min.: 18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer): Automobiles

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Samuel D. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Laura Griffith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: R. C. Smoot

(Address) 2143 Chelsea Terrace

15 Filed May 31 1928 E. F. Griffith Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-14, 1928, to 5-29, 1928, that I last saw him alive on 5-29, 1928, and that death occurred, on the date stated above, at 10.00 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Cancer

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic Diag.

(Signed) Henry R. Cuell M. D.

5-30, 1928 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: May 31 1928

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34447

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

84 E 34447

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Belle Dougherty

(a) RESIDENCE No. 527 S Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 11 1909

| 7 AGE | Years | Months | Days | If LESS than 1 day..... hrs. or min. |
|---|---|---|---|---|
| | 19 | 0 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry C. Eckard.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carrol Co Md.

12 MAIDEN NAME OF MOTHER Barbara Shriner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carrol Co Md.

14 Informant mother

(Address) 1832 Dover st.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-31 1928

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1928, to May 31, 1928,

that I last saw her alive on May 30, 1928,

and that death occurred, on the date stated above, at 6 20 a m.

The CAUSE OF DEATH* was as follows:

Cerebellar tumor

(duration) 0 yrs. 7 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-3-28

Was there an autopsy? Yes.

What test confirmed diagnosis? None

(Signed) Sherman S. Jewett, M. D.

5-31 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL June 2 19 28

20 UNDERTAKER Mrs. N. S. Sharp

ADDRESS 2512 Linden Ave

MAY 31 1928 [illegible] M. D.

Registrar

Fill in all items if possible. See instructions on back of certificates.

Spec.—1-12-28—M&T—500 Blks.

E 34448

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001

E 34448

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital ST. WARD)

2-FULL NAME [redacted] Charles Rehling

(a) RESIDENCE NO. 668 W. Balto. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W. | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26. 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 0 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacco.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER August Rehling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Neubern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14

Informant Marie Colburn

(Address) 622 N Conway

15

Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1928

17

I HEREBY CERTIFY, That I attended deceased from May 27, 19 28 to May 30, 19 28, that I last saw h alive on May 30, 19 28, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cellulitis of left arm, forearm & hand

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/28/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Paul Schenken, M. D.

19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 1, 1928

20 UNDERTAKER Mrs. Jno. J. W. Teufel & Son — ADDRESS 801 W Fayette

Spec. 2-25-28—L. F. S.—500 Blks.

1305 Light St

E 34449

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90

E 34449

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1429 Henry ST. 24-33 WARD)

2—FULL NAME Laura V Bomberger

(a) RESIDENCE NO. 1429 Henry ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elvin L Bomberger

6 DATE OF BIRTH (month, day, and year): Feb 8 1888

7 AGE: Years 40 | Months 3 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Daniel H Blankenship

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Louisa D Klages

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Elvin L Bomberger

(Address) 1429 Henry St

15 Filed MAY 31 1928, 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30/28

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to May 30, 1928, that I last saw her alive on May 30 1928 and that death occurred, on the date stated above, at 3 0'clock P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

from history (duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Cushans, M. D.

May 31, 1928 (Address) 3100 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemt — DATE OF BURIAL: June 2 1928

20 UNDERTAKER: Wm Reinhardt — ADDRESS: 532 E Balto

Spec.—12-9-25—A Co.—200 Bks.

# E 34450

## HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

7409 E 34450

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 35 S. Stricker St. 14-24 Ward)

2-FULL NAME Emma Virginia Kenney.

(a) RESIDENCE NO. 35 S. Stricker St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles B. Kenney.

6 DATE OF BIRTH (month, day, and year) Mar. 17-1870.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 58 | 2 | 12. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas A. Brown

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary J Robson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14

Informant Florence A Hall

(Address) 4027 Edmondson Rd.

15 Filed [illegible] 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to May 29, 1928,

that I last saw h.r. alive on May 29, 1928,

and that death occurred, on the date stated above, at 10:40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hemmorhage Infarct of Coronary artery

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Chester Ruland, M. D.

5-30, 1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

The Catacomb June 1 1928

20 UNDERTAKER Wm Cook ADDRESS 502 Gordon

May be printed in plain terms, so that it may be very important. See instructions on back of

OCCUPATION is

Exact statement of

PLACE

Spec.—1-12-23—M&T—500 Bks.

E 34451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-001 E 34451

1-PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. ..... ST. 19-28 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary C. Howard

(a) RESIDENCE No. 430 S. Stricker St ST. Forth WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo W. Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Mitchel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Gladys Ford
(Address) 430 S. Stricker St City

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30-28 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-26, 1928, to 5-30, 1928, that I last saw her alive on 5-30, 1928 and that death occurred, on the date stated above, at 12 50 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) Paralysis of Heart (duration) yrs. mos 7 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

Signed Augustine P. Von Schulz M. D.

(Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London PK DATE OF BURIAL June 2nd 1928

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor St

Sec. 3 Important—See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2H 34481
2H 34452

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1900 E 34452

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 257 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irving Hahl Jr -

(a) RESIDENCE NO. 1516 Grace Ct — ST., Curtis WARD Bay —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 19-1927

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 7 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Irving Hahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Friends -
(Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27-28

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to May 27, 1928, that I last saw him alive on May 27, 1928 and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus
Meningocele

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Rupture of meningocele

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. Ridgeway Turner M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| JOHNS HOPKINS HOSPITAL | MAY 31 1928 19 |
| 20 UNDERTAKER | ADDRESS |

Spec.—1-12-23—M&T—500 Bks.

E 34453 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34453

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 34 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gabriel Williams

(a) RESIDENCE NO. Ulrich Alley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | ? |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Calvert Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Crosby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant
(Address) Friends

15 Filed ....., 19 .....
Per 240 ORH Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29/1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1928, to May 29, 1928

that I last saw him alive on May 28, 1928

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) yrs. 6 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Sale

(Signed) C. Holmes Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, ~~or in deaths from~~ Violent Causes, ~~state~~ (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER C. RAMON JOS. E. E

ADDRESS MAY 31 1928

Important—See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34454

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

16 E 34454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2014 Brookfield Ave. ST. WARD 19-51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nat Manuel.

(a) RESIDENCE NO. 2014 Brookfield Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced (write the word) 5 months gestation

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30, '28

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | | 30 min. |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Francisco de la Riguera

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cuba.

12 MAIDEN NAME OF MOTHER Florence Harrity

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant M. F. de la Riguera

(Address) 2014 Brookfield Ave.

15 Filed MAY 31 1928, 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-30-, 1928, to 5-30-, 1928, that I last saw h[illegible] alive on 5-30-, 1928, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

5 Months Gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Merrill Lovell M. D.

, 19 (Address) 3705 Liberty Hgts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAY 31 1928

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34455 100-001 E 34455

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 26 N. Potomac ST. 6-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Emerich

(a) RESIDENCE NO. 26 N. Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if foreign birth 60 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Emerich

6 DATE OF BIRTH (month, day, and year) Dec 10th 1845

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 82 | 5 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Heidle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Virginia Bentley

(Address) 26 N. Potomac St

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30th 28

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to May 30, 1928, that I last saw h er alive on May 30 1928 and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) arteriosclerosis — myocarditis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. exam.

(Signed) Louis A. Krumrey M. D.

, 19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Cemetery | June 2nd 28 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| F. A. Hufnagel | 850 N. Ballo |

Spec.—2-25-28—2,000 Bks.

E 34456

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34456

## CERTIFICATE OF DEATH

REGISTERED NO. 90

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2534 W. Pratt ST., 20-69 WARD)

2—FULL NAME Amelia Emilie Wolff

(a) RESIDENCE NO. 2534 W. Pratt ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth 60 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed or divorced, (or) WIFE of Julius L. Wolff

6 DATE OF BIRTH (month, day, and year) July 28th 1847

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 10 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm. Schulze

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wollbrunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Heidrich
(Address) 2534 W. Pratt St

15 Filed 3-1-1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29th 28

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 29, 1928, that I last saw h[illegible] alive on May 29, 1928, and that death occurred, on the date stated above, at 8 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Senility - Cerebral Arterio Sclerosis

Myocardial weakness

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Rectum

(duration) 1 yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E. Kelly, M. D.

3/28, 19 (Address) 2611 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | June 1st 19 28 |

20 UNDERTAKER H. S. Hippert ADDRESS 850 W. Pratt St

Spec.—1-12-23—M&T—500 Bks.

E 34457

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34457

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Avalon ave ST. 3 59 WARD)

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Robert Brennan

(a) RESIDENCE No. 2311 Avalon ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | M |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie A Brennan

6 DATE OF BIRTH (month, day, and year) April 15 68

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 59 | 7 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James A Brennan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mollie A Brennan

(Address) 2311 avalon ave

15 Filed 31 1928, 19 CHARLES J. O'CONNOR, C. H. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17 I HEREBY CERTIFY, That I attended deceased from , 1928, to May 29, 1928, that I last saw him alive on May 29, 1928 and that death occurred, on the date stated above, at 6 00 P. m.

The CAUSE OF DEATH* was as follows:

Diabetis mellets - Cancer of liver

Chr Myocarditis -

Arterio - sclerosis with hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Irvin R. Wilson, M. D.

, 19 (Address) 1005 Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Jun 1 1928

20 UNDERTAKER W M Routson ADDRESS 2238 W North

THION is very important. See instructions on back of certificates. ...ing the property classified. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Blks.

E 34458

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34458

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. (WARD) 17-52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lydia Shipley

(a) RESIDENCE NO. Lindsay Rd — ST., Roland Park —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Shipley

6 DATE OF BIRTH (month, day, and year) 1848

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 80 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Hazel Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Lucy Langford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 3 1928, 19 C. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 - 28

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 31, 1928, that I last saw h[illegible] alive on May 30, 1928 and that death occurred, on the date stated above, at 7:00 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of Stomach

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dr. H. C. Smith, M. D.

5/31, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn cemetery | June 1 1928 |
| 20 UNDERTAKER | ADDRESS |
| Thomas E. Kelson | 1303 Freeman St |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34459

## CERTIFICATE OF DEATH.

E 34459

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 17-24 Ward) 188-003

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Hebb

(a) RESIDENCE NO. 1327 Sheilds Pl. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9, 1904.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 24 | 1 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER Frank Hebb

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Anna Hebb.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. A. Hebb ( Mother )

(Address) 572 Baker St.

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

May 30, 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.
Automobile Accident.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Feldman M. D.
(Coroner)

5/30/28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters cemetery Date of Burial June 2 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Pleasant St

OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state CAUSE very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 34460 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34460

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Argyle ave St. 17-24 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Idot Jones

(a) RESIDENCE NO. 1123 Argyle ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col. | Married |

5a If married, widowed or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 32 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Dock Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Nell Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Samuel Jones
(Address) 1123 Argyle ave

15 Filed ..... 19 .....
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1928

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to May 31, 1928, that I last saw her alive on May 30, 1928, and that death occurred, on the date stated above, at 4 A, m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) ... yrs. mos. 7 ds.

18 Where was disease contracted, if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Chas. O'Donnell, M. D.

May 31, 1928 (Address) 7128 Sharp Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 6-1-1928

20 UNDERTAKER Daniel Easton — ADDRESS 916 64 ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34461

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34461

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 17-26 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Douglas Hanson

(a) RESIDENCE No. 702 W. Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Divorced |

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Hanson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Henrietta Martin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant
(Address) Records.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/31/ 1928.

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1928. to May 31, 1928

that I last saw him alive on May 31, 1928

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic & acute
Arteriosclerosis
Hypostatic pneumonia

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Path

(Signed) C. Holmes Ring M. D.

..., 19.... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 6/1 1928

20 UNDERTAKER David A Easton

ADDRESS 916 Eutaw

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34462

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34462

## CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. ..... WARD)

2-FULL NAME Edward Thomas

(a) RESIDENCE NO. Queen Ann Md. ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Saudie Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Liberia

14 Informant Wilford Thomas

(Address) Queen Ann Md.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-14-, 1928. to 5-29, 1928.

that I last saw h[illegible] alive on 5-29-, 1928

and that death occurred, on the date stated above, at 7 00 a.m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

Contributory

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. Bruce [illegible], M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 6/1 1928

20 UNDERTAKER: David Eaton — ADDRESS 916 Carey

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

34463

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 34463

## CERTIFICATE OF DEATH.

116

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Johnson

(a) RESIDENCE NO. 207 W Ware St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | Colored | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 70 ? | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Johnson

(Address) 207 W. Ware st

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1928

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to May 27, 1928, that I last saw he alive on May 27, 1928, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) — yrs. — mos. 5 (?) ds.

CONTRIBUTORY (Secondary) Toxemia; Cystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Matthew Patrick O'Reilly M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Liberty Md DATE OF BURIAL 6/1/28

20 UNDERTAKER David Easton ADDRESS 916 Park

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34464 ✓ 16-22 E 34464

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Woodyear ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Britton

(a) RESIDENCE NO. 1139 Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 5/27/28

7 AGE: Years | Months | Days 2 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: George Britton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Margaret Cornish

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Geo Britton

(Address): 1139 woodyear Ave

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/30 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/27, 1928, to 5/30, 1928, that I last saw h alive on 5/30, 1928, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis and prematurity.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical finding

(Signed) Dwight Reynolds, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 6/1/1928

20 UNDERTAKER: Hunt Easton

ADDRESS: Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34465

## CERTIFICATE OF DEATH.

128 E 34465

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1114 Riverside Ave. St. ____ Ward) 24 23

2-FULL NAME Charles J. Harthausen.

(a) RESIDENCE NO. 1114 Riverside Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married |

5a If married, widowed or divorced
HUSBAND of [redacted] Catherine Harthausen.

6 DATE OF BIRTH (month, day, and year) September 20 1873

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 54 | 8 | 9 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Louis Harthausen.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine ------

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Catherine Harthausen. (wife)
(Address) 1114 Riverside Ave.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis, Uraemia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hobart Kennard, M. D.
(Coroner)

5/30 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial: June 1 19 28

20 UNDERTAKER: Margaret A. Flynn ADDRESS: 14 W. Eight St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 34466

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

114 E 34466

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 24-34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Pope Jr.

(a) RESIDENCE NO. 545 E. Fort Ave. St. 74 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 25 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) January 4, 1924

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 4 | 4 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Leo Pope Sr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Vivian Riley.

13 BIRTHPLACE OF MOTHER (city or town) Comberland, Md.

(State or country)

14 Informant Leo Pope, Sr. (father)

(Address) 545 E. Fort Ave.

15 Filed ..... 19..

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis.

Eclampsia.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

5/30 1928 (Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.... yrs.... mos.,.... ds. In the State.... yrs.... mos.,.... ds.

Where was disease contracted, if not at place of death?

545 E. Fort Ave. May 29, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 6/1 1928

20 UNDERTAKER

ADDRESS 1318 Light St

Spec.—12-9-35—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34467

## CERTIFICATE OF DEATH.

E 34467

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 1014 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Doran

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18th 1867

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | 9 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Patrick Doran

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Summers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston & Valley Sts

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/25, 1928, to 5/31, 1928, that I last saw h... alive on 5/30, 1928, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

5/31, 1928 (Signed) Dr Edman Flow, M. D.

(Address) 914 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial June 2 1928

20 UNDERTAKER: John J Cowan & Son ADDRESS: 901 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34468

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131 E 34468

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 21-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Norris

(a) RESIDENCE NO. 1102 Hamburg ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1910

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 18 | 4 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William C. Norris

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine M. Moylan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant William C. Norris
(Address) 1102 W. Hamburg St.

15 Filed 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-31-1928

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1928, to May 31, 1928, that I last saw him alive on May 31, 1928, and that death occurred, on the date stated above, at 10:20 A m.

The CAUSE OF DEATH* was as follows:

Carbuncle Secondary
Multiple abscesses Lungs, Kidneys
Meningitis

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 5, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. W. Peake M. D.

5/31 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL June 2 1928

20 UNDERTAKER Joseph Cook

ADDRESS 1003 W. Baltimore St

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

E 34469

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-001

E 34469

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 25-66 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L Graf

(a) RESIDENCE No. 1735 Poplar Grove ST., WARD Balto. Md

(Usual place of abode)

Length of residence in city or town where death occurred 5½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1, 1887

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 yrs | 6 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dont know

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Graf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Schug

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Minnie Graf

(Address) 1735 Poplar Grove St

15 Filed 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1928

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to May 31, 1928, that I last saw him alive on May 31, 1928, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. mos 10? ds.

CONTRIBUTORY (Secondary) Toxemia, exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 29/28

Was there an autopsy? No Thoracotomy

What test confirmed diagnosis?

(Signed) William Patrick O'Reilly M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL June 4 1928

20 UNDERTAKER Joseph Dyer — ADDRESS 1606 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

21449
E 34470

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

135 ✓

E 34470

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Aaron M. Meekins

(a) RESIDENCE NO. 1305 N. Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 85 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. —

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-28

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 29, 1928, that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at 12 20 a m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No. What test confirmed diagnosis? Rectal Exam.

(Signed) E. C. James, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: June 2 1928

20 UNDERTAKER: Robert F. Weller — ADDRESS: 1515 McCulloh St

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2 14386 E 34471

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 65-001 E 34471

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hughlett Layden

(a) RESIDENCE NO. Short-N-Car ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-26-86

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 2 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N-Car

PARENTS

10 NAME OF FATHER Isaac Layden

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-Ca.

12 MAIDEN NAME OF MOTHER Ella Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C -

14 Informant Records -

(Address)

15 Filed ; 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30-28

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to May 30, 1928, that I last saw him alive on May 30, 1928, and that death occurred, on the date stated above, at 2 — a.m.

The CAUSE OF DEATH* was as follows:

Heart Block — 17 yr. (History)
Hodgkins Disease

(duration) yrs. 5 mos. ds. (History)

CONTRIBUTORY (Secondary) Myocardial failure (acute)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W Lindsay Smith, M. D.

5/30/1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holabird, Va | June 1 1928 |

20 UNDERTAKER Tom O'Mitchell & Sons ADDRESS 1900 Eutaw Place

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34472

## CERTIFICATE OF DEATH

31 1.2

E 34472

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N Madeira ST., 7-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anton Safranek

(a) RESIDENCE NO. 909 N Madeira ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Safranek

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Anton Safranek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Anna Safranek

(Address) 909 N Madeira St

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30/28

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to May 30, 1928, that I last saw him alive on May 30, 1928 and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William Hayssen M. D.

May 31 1928 (Address) 801 N Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 1 1928

20 UNDERTAKER Frank Brach Son — ADDRESS 1900 Eastlander

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

21 E 3962 / 21 E 34473

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-001 E 34473

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Garrett

(a) RESIDENCE NO. 1029 S. Fremont Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-5-26

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 8 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Oliver Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Pinkey Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-28

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 29, 1928, that I last saw her alive on May 29, 1928 and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, acute

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. 9 mos mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Phy-Exam & autopsy.

(Signed) Allan Blossom, M. D.

5/31, 1928 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL June 1 1928

20 UNDERTAKER John H. Frazier — ADDRESS 1027 Druid Hill

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34474 X-33 E 34474

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST. 427 WARD)

2-FULL NAME Ruth Green

(a) RESIDENCE NO. Rockville Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. mos 23 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE — Years: 19 — Months: — Days: — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: not known

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rockville Maryland

PARENTS

10 NAME OF FATHER: Harby Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Robert L Snowden
(Address): Rockville Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 8th, 1928 to May 31, 1928.
that I last saw her alive on May 31, 1928.
and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

(duration) yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) William Patrick O'Leary, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rockville Md — DATE OF BURIAL: June 3 1928

20 UNDERTAKER: Geo P Snowden — ADDRESS: Rockville Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34475

E 34475

## CERTIFICATE OF DEATH

31

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1610 Lamen St. 15-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Wilson

(a) RESIDENCE NO. 1610 Lamen St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 15- 1918

7 AGE Years [illegible] Months 9 Days 16 IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto md

(State or country)

PARENTS

10 NAME OF FATHER Arthur Wilson

11 BIRTHPLACE OF FATHER (City or town) South Carolina

(State or country)

12 MAIDEN NAME OF MOTHER Rachel Wilson

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Arthur Wilson

(Address) 1610 Lamen

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/31 1928

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1928, to May 31, 1928,

that I last saw her alive on May 31, 1928,

and that death occurred, on the date stated above, at 17 35 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

7 hours

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) D N Hetelig, M. D.

6/1, 1928 (Address) 1115 Pe Av

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 6/1/1928

UNDERTAKER Edmund Carton

ADDRESS [illegible]

JUN 1 1928 C. HAMPSON JONES M. D.

Filed ... Registrar

Reg. No. ...

Duplicate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34476

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34476

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2019 Mc Culloh St. 14-20 Ward)

2-FULL NAME William J. Bevans

(a) RESIDENCE NO. 2019 Mc Culloh St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: 55 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foster 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John Bevans

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Susan Montague

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mattie Bevans (Address) 2019 Mc Culloh St.

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29 1928

17 I HEREBY CERTIFY That I attended deceased from April 5, 1928, to May 28, 1928, that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows: Acute dilatation of the heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis and Inflammation (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

(Address) 2039 McCulloh St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL 19 28

UNDERTAKER: Samuel Bowersox & Riddle

ADDRESS 518

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DUPLICATE 1928 C. HARRISON JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

# E 34477 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 34477

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Freemont ST., 10-15 WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mc Adams

(a) RESIDENCE NO. 1028 Freemont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1-1885

7 AGE — Years: 43 — Months: 5 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Peter Mc Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Cecil Donohoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Cecil Mc. Adams

(Address) 1028 Freemont

15 Filed [illegible] 19 C. HAMPSON JONES, M.D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to June 1, 1928

that I last saw h[illegible] alive on May 31, 1928

and that death occurred, on the date stated above, at 3 15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A Donicevic M.D.

June 1, 1928 (Address) 12 11 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 6/4 1928

UNDERTAKER: Wm Cook

ADDRESS: 507 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34478

## CERTIFICATE OF DEATH.

E 34478

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 826 S. Sharp St. St. 27-20 Ward)

2-FULL NAME Cicero A. Coleman. (C)

(a) RESIDENCE NO. 826 S. Sharp St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Single. |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) June 25, 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 0 | 11 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Coleman. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Ester Edmonds. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Ester Coleman. (C) mother.

(Address) 826 S. Sharp St.

15 Filed ..... 19 ..... Registrar

JUN 1 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.
Whooping cough.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

5/31, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct. Date of Burial June 1, 1928

20 UNDERTAKER S. L. Brown's Son ADDRESS 108 N. Monty

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 34479

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-001
E 34479

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 46 S. Chester St 2-4 Ward)

2-FULL NAME Raymond League

(a) RESIDENCE NO. 46 S Chester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Sngl

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day, and year): May 31 28

7 AGE — Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Elmer League

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Agnes Rayner

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Agnes League

(Address): 46 S Chester St

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Fractured Skull

about 6 Hrs Contusion

CONTRIBUTORY (Secondary) (duration) yrs. mos. 15 days

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner)

6/1, 1928 (Address) 701 York Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial June 1 1928

20 UNDERTAKER: John M Weber ADDRESS 701 N Chester

DON'T FAIL TO RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 34480

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-001

E 34480

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 S Chester St., 2-4 Ward)

2-FULL NAME Richard League

(a) RESIDENCE NO. 15 S Chester St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 31 /28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or 20 min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Salt Lake City

(State or country) _____

PARENTS

10 NAME OF FATHER Elmer League

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Salt Lake City

12 MAIDEN NAME OF MOTHER Agnes Kirkpatrick

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Salt Lake

14 Informant Agnes League

(Address) 15 S Chester St

15 Filed JUN 1 1928 19____ C. HAVEN JONES M.D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematur Birth

about 6½ mos. Gestation

(duration) ____ yrs. ____ mos. 2 Min ds.

CONTRIBUTORY (secondary) Congenital Absence of Cranium

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Fenton M. D.

(Coroner)

6/1, 1928 (Address) 700 E Chased

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary June 1 Date of Burial 1928

20 UNDERTAKER John W Wilbert ADDRESS 401 S Chester St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34481

## CERTIFICATE OF DEATH

E 34481

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2134 Druid Hill Ave ST. 13-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Winfort J. Braxton

(a) RESIDENCE NO. 2134 Druid Hill Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Braxton

6 DATE OF BIRTH (month, day, and year) ? 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Mabel Braxton
(Address) 2134 Druid Hill Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29/28

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1927, to May 29, 1928, that I last saw h~~e~~ alive on May 29, 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. L. Ward, M. D.

5/31, 1928 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 6/2/1928

20 UNDERTAKER Wm. Jas. H. Holland ADDRESS 1631 Druid Hill Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

FL 34482

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34482

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annabelle Brown

(a) RESIDENCE NO. Lutherville, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rita Berkett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31-1928

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to May 31, 1928,

that I last saw he alive on May 31, 1928

and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

TBC Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 5/26/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L G Stewart, M. D.

5/31, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md

DATE OF BURIAL 6-2 1928

20 UNDERTAKER George T. Gelston

ADDRESS 1735 Druid Hill Ave

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34483

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

40 E 34483

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1821 N Loudon St. 14-24 WARD)

2-FULL NAME Phillip Sebastian Brach

(a) RESIDENCE NO. 1821 N Loudon ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice G. Brach.

6 DATE OF BIRTH (month, day, and year) Aug. 11-1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 67 | 9 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tab Laundry.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Tab Laundry.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER S. Brach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER C. Vollmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Alice G Brach. (Address) 1821 N. Loudon St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928 to May 30 1928.

that I last saw h— alive on May 29, 1928.

and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) James K. Bryan M. D.

5/30 1928 (Address) 1729 N. Loudon St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Loudon Park Cemetery. DATE OF BURIAL 6/2 1928.

20 UNDERTAKER George L. Rutter ADDRESS 1735 Harford Av

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34484

## CERTIFICATE OF DEATH.

24 E 34484

1-PLACE OF DEATH Sydenham Hosp

CITY OF BALTIMORE: (No. 17-24 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Torrence

(a) RESIDENCE No. 1303 Myrtle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) NOV 6-1914

7 AGE: Years 13 Months 5 Days 26. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Torrance

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ada Torrance

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ada Torrance

(Address) 1303 Myrtle Ave

15 Filed 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 31, 1928, that I last saw him alive on May 31, 1928, and that death occurred on the date stated above, at 6 05 P. m.

The CAUSE OF DEATH* was as follows:

Meningococcus Meningitis

(Duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture & exam. of blood

(Signed) Dr Sachman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 6/1/1928

20 UNDERTAKER: Dennis Easton

ADDRESS: 1916 Gay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34485
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 34485
REGISTERED NO.

City of BALTIMORE: (No. 400 N. Fulton Ave (Ward) 20-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Zoe Fairnholt

(a) RESIDENCE NO. Home for the Aged of the M.E. Church Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Nov 30 1844

7 AGE — Years: 83 | Months: 6 | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Virginia

PARENTS

10 NAME OF FATHER Wm. Fairnholt

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Marie Keirle

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore Md.

14 Informant ✓ Etta Cuddy.

(Address) 400 N. Fulton Ave.

15 Filed ..... 19 ..... Registrar

1924

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31. 1928

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to May 31, 1928, that I last saw h.. alive on May 30, 1928, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Senility

(duration) — yrs. ✓ mos. — ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

5/31, 1928 (Address) 700 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Date of Burial June 2 1928

20 UNDERTAKER: George J. Smith ADDRESS 1532 Hollins

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34486 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34486

CERTIFICATE OF DEATH. 10-002

1-PLACE OF DEATH Sydenham Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 74-34 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Ruth Smith

(a) RESIDENCE NO. 1649 Belt St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 15, 1919

7 AGE: Years 9 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER J Frank Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mable Dell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Sydenham Hosp. (Address)

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/30/28 19

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 30, 1928, that I last saw her alive on May 30, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Nasal, Tons + Pharyngeal Diphtheria

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture -

(Signed) M Sachman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL 6/1/28 19

20 UNDERTAKER Philip Herwig ADDRESS 2016 Arlington Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34487

## CERTIFICATE OF DEATH.

90 E 34487

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E. North Ave ST., 17 WARD)

2-FULL NAME Charles Dressel

(a) RESIDENCE NO. 2006 E. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~late wife of~~ late Matilda Dressel

6 DATE OF BIRTH (month, day, and year): Dec 19/59

7 AGE — Years: 64 — Months: 5 — Days: 11 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Lineman

(c) Name of employer: C & P. Tel. Co

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Leonhardt Dressel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Marie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant: Mrs. D. T. Frey

(Address) 2006 E. North Ave

15 Filed , 19 — Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30 1928

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to May 30, 1928, that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at 2 45 A. M.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchial Asthma

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

5/31, 1928 (Address) 1823 N. Wash St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. — DATE OF BURIAL: 6/2 1928

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Eden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1928 [illegible] JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34488 — 100-001 — E 34488

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank P. Liersemann

(a) RESIDENCE NO. Turkey Pt. Rd ST., Hammerstown WARD Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 20th 1925

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 9 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(h) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mrs. Balto. Maryland

PARENTS

10 NAME OF FATHER Christian Liersemann

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Florence Maxwell

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Parents — (Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 1 1928 19 Ruth Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30-28

17 I HEREBY CERTIFY, That I attended deceased from Apr. 15 1928 to May 30 1928, that I last saw h[illegible] alive on May 30 1928 and that death occurred, on the date stated above, at 4:20 a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchiectasis

(duration) yrs. 6 (?) mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Allan Blayson M. D.

5/31 1928 (Address) The Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 2 1928

20 UNDERTAKER: Frederick Lassahn — ADDRESS: Fulton

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Blks.

E 34489

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

89 E 34489

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 263 S. Third Street ST. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Lindenstruth

(a) RESIDENCE No. 263 S. Third Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Philip Lindenstruth

6 DATE OF BIRTH (month, day, and year) June 1st, 1864

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|
| 63 | 11 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Louis Rau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Kolbus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Edward G. Berlett

(Address) 265 S. Third Street

15 Filed JUN 1 1928 C. H. [illegible] Jones, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st, 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-1, 1927 to 5-31, 1928 that I last saw h[illegible] alive on 4:30 A.M. 5-31-28 and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Dr. Trauce

(Signed) L. Trauce, M. D.

6/1, 1928 (Address) 2939 W. Eddy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Matthews Cemetery — DATE OF BURIAL: June 2 1928

20 UNDERTAKER: Frederick Lassahn & Son — ADDRESS: Fullerton

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state it in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34490 (3.31) E 34490

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Beulah Goode

(a) RESIDENCE NO. 1617 Mills St Gwynn WARD
(Usual place of abode) Sweet's-R

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Wm

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE: Years 32 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Richard Tisdale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Julia Tisdale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to May 31, 1928, that I last saw h[er] alive on May 31, 1928 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Heart failure

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Pulmonary tbc - R. U. O.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 27 May 28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble M. D.

May 31 1928 (Address) Johns Hopkins Hosp. Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Hersville Va

DATE OF BURIAL: June 2 19 28

20 UNDERTAKER: Edward Boyan

ADDRESS: 681 orleans st

IMPORTANT. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

21485 E 34491

## CERTIFICATE OF DEATH

74-00 E 34491

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cashia Kelly

(a) RESIDENCE NO. 803 S - Lucerne ST., El Reno WARD Okla -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-30-62

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 66 | 1 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind -

PARENTS

10 NAME OF FATHER Hiram Blackburn

11 BIRTHPLACE OF FATHER (city or town) Ind - (State or country)

12 MAIDEN NAME OF MOTHER Martha Palmer

13 BIRTHPLACE OF MOTHER (city or town) Ohio (State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 1 1928, 19 C. HAMILTON JONES M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 - 28

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to June 1, 1928, that I last saw her alive on June 1, 1928, and that death occurred, on the date stated above, at 9 a - m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 18, 1928

Was there an autopsy? yes (head only)

What test confirmed diagnosis? lumbar puncture

(Signed) J. D. Conan, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| El Reno Oklahoma | June 1928 |
| 20 UNDERTAKER | ADDRESS |
| Joseph Leyer | 1600 N. North Ave |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34492

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34492

## CERTIFICATE OF DEATH.

75-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPI ST., 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Kolokotronis

(a) RESIDENCE NO. 1000 E. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | ? |

5a If married, widowed, or divorced HUSBAND of or) WIFE of unknown ?

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address) Records

15 Filed , 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/31/ 1928

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1928 to May 31, 1928

that I last saw h alive on May 31, 1928

and that death occurred, on the date stated above, at 9:00 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Residual hemiplegia

Hypertension (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sect.

(Signed) C. Hilmes Engel, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 6/2 1928

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 34493

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34493

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH City of BALTIMORE: (No. Maryland Penitentiary Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Crabtree

(a) Residence No. Cumberland, Md. R7 D#2 Box 60 St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. — mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edith M Crabtree

6-DATE OF BIRTH (month, day and year): Unk

7-AGE: 65 yrs. — mos. — ds.

If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Stationary

(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Unk

PARENTS.

10-NAME OF FATHER, Unk

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unk

12-MAIDEN NAME OF MOTHER, Unk

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unk

14- (Informant) Edith M. Crabtree

(Address)

15- Filed 1928 C. HARRISON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 25 1928

17- I HEREBY CERTIFY, That I attended deceased from July 1 1927 to May 25 1928

that I last saw him alive on May 25 1928

and that death occurred, on the date stated above, at 7:5P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Hypertension

(Duration) yrs. 10 mos. 25 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas Wm Bloemecke M. D.

19 (Address) 2746 Alameda Blvd.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, | DATE OF BURIAL, ....., 19....

20-UNDERTAKER, | ADDRESS

1928

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 34494

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34494

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument & Regulate St., Ward)

2-FULL NAME Reuben Bernstein.

(a) RESIDENCE NO. Corey Pa St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 44 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Hyman Bernstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Sarah -

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

Informant Mrs. M. Bernstein

(Address) Corey, Pa.

Filed 6 1 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

6 - 1 -

17

I HEREBY CERTIFY, That I attended deceased from 5 - 14, 19 28, to 6 - 1, 19 28,

that I last saw h.. alive on 6 - 1 -, 19 28,

and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis - Nephrolithiasis - Operated

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Yes Date of 5/17/28

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) B J Cohen, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Syracuse, N.Y. Date of Burial June 5. 28

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto.

ORA

Spec.—1-10-21—M&T—1500 Bks.

E 34495

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34495

## CERTIFICATE OF DEATH.

162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital ST. 4th WARD)

2-FULL NAME Baby Kruger

(a) RESIDENCE NO. 2809 Greenmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29, 1928

7 AGE — Years — Months — Days: 2 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Kruger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: M. Dahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Mrs Kruger 2809 Greenmount ave

15 Filed , 19 — Registrar

C. BAXTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1928

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1928. to June 1, 1928.

that I last saw h alive on June 1, 1928.

and that death occurred, on the date stated above, at 3:00 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis

CONTRIBUTORY (Secondary) Respiratory failure (duration) yrs. mos 2 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) William Patrick O'Keefe M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 6/1 1928

20 UNDERTAKER: Mary M. Wiedefeld

ADDRESS: 57 E 25th

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34496 E 34496

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3808 (Street) Hadley Square E. (Ward) 24

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Reum

(a) RESIDENCE NO. 3808 Hadley Square E. ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? 26 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Reum

6 DATE OF BIRTH (month, day, and year) May 3 - 1837

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 91 | — | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. George M. Smith

(Address) 3808 Hadley Square E.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 1 - 20 - 1928, to 5 - 30 - 1928, that I last saw her alive on 5 / 30 - 1928, and that death occurred, on the date stated above, at 6 15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death? At Home.

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) C. C. Mottrip, Jr. M. D.

5/30, 1928 (Address) 3682 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Epiphany Cem.-Odenton, Md. DATE OF BURIAL June 2 1928

20 UNDERTAKER Chas. H. Bruce ADDRESS 3601 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34497

E 34497

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 728 Woodbourne Av ST., 26 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Douglas Cassard

(a) RESIDENCE NO. 728 Woodbourne Av ST., 26 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? 57 yrs. 9 mos. 7 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Handly Cassard

6 DATE OF BIRTH (month, day, and year) Aug-23-1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 9 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Law

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Frank W. Cassard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Elmira Stonebraker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland.

14 Informant Mrs Minnie H. Cassard (wife)

(Address) 728 Woodbourne ave.

15 Filed 1928, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to May 30, 1928, that I last saw h— alive on May 22, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Stethoscopic

(Signed) J. Rieman Price, M. D.

, 19 (Address) Glyndon Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garrison Mount Cemetery — DATE OF BURIAL June 2 1928.

20 UNDERTAKER Stewart & Monroe — ADDRESS Balto.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Rebecca Robinson

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34498

## CERTIFICATE OF DEATH.

E 34498

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Lauder ST. 21-29 WARD)

2-FULL NAME Rebecca Robinson

(a) RESIDENCE NO. 625 Lauder ST., ..... WARD Stevensville Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | Col | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry Robinson

6 DATE OF BIRTH (month, day, and year) ... 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 50 yrs. | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) ... 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stevensville Md

PARENTS

10 NAME OF FATHER ... Unknown

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Unknown

12 MAIDEN NAME OF MOTHER ... Unknown

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Unknown

14 Informant ... (Address)

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 19 25

17 I HEREBY CERTIFY, That I attended deceased from ..., 19 25, to ..., 19 25, that I last saw h[illegible] alive on May 31, 19 25, and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Symptoms & Signs

(Signed) ..., M. D.

6/3, 19 2 (Address) 625 N. Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Stevensville. Queen Anne Co. Md | June 2 1928 |
| 20 UNDERTAKER Jno H. Toadvine | ADDRESS 1027 Hanover |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34499

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113 E 34499

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 7-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Babe

(a) RESIDENCE No. 610 N. Belnord Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 2 | |

8 OCCUPATION OF DECEDENT

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick Babe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) St Joseph Hospital Bcad.

15 Filed JUN 2 1928, 19 CRR Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/31/28 19

17 I HEREBY CERTIFY, That I attended deceased from 5/29/28, 19, to 5/31/28, 19, that I last saw him alive on 5/31/28, 19, and that death occurred, on the date stated above, at 12 Midnight

The CAUSE OF DEATH* was as follows:

Evisceration of gastro intestinal tract

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) general peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. P. Thompson, M. D.

19 (Address) St. Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Jun 2 1928

UNDERTAKER: Geo C. Miller & Son — ADDRESS: 2334 Jeffer

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Blks.

34500

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34500

## CERTIFICATE OF DEATH

38

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1612 W Lexington St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jas McCoy

(a) RESIDENCE NO. 1612 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE: Years 28 Months Days

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labourer

(b) General nature of industry, business, or establishment in which employed (or employer): O H O

(c) Name of employer

9 BIRTHPLACE (city or town) N. C

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Mrs Lelia M Coy

(Address) 1612 W Lexington St

15 Filed C. H. APR 2 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1928 to June 1, 1928, that I last saw h[illegible] alive on May 30, 1928, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed) Jas G Hooper, M. D.

, 19 (Address) 812 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivanhoe N. C. — Date of Burial: 6/2/1928

20 UNDERTAKER: Wm A Easton — ADDRESS: Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34501

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34501

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Thomas

(a) RESIDENCE NO. 1515 Argyle ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Hospital Records (Address)

15 Filed 5-30, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 30, 1928, that I last saw him alive on May 30, 1928, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc

Duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Still Madden, M. D.

5-30, 1928 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 6/2 1928

20 UNDERTAKER Dennis Eaton

ADDRESS 916 Gay

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. CAUSE OF DEATH should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34502

E 34502

## CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 847 Clifford St St. 21-29 Ward)

2-FULL NAME Cornish Kinsey Price

(a) RESIDENCE NO. 847 Clifford St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 33 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER James Price

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Dill Knox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Elsie Price

(Address) 619 W Barre St

15 Filed..... 19..... C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31st 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.)

find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.

(Coroner)

May 31 1928 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See over for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Sem Date of Burial 6/2/28

20 UNDERTAKER Dawes Easton ADDRESS Ga

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 34503

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34503

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Madison Ave (St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Burton

(a) RESIDENCE. No. 1606 Madison Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Levi Burton

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 68 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 31

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Onancock Va

PARENTS

10 NAME OF FATHER: George Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Lucy (Address) 1606 Madison

15 Filed ..... A. ..... 19 ..... Registrar

C. HAMPSON [illegible] M.D.

AAA

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to May 31, 1928, that I last saw h. alive on May 30, 1928, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis Chronic

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Age Etc. Hemiplegia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Jno F Wright M. D.

Jan 1, 1928 (Address) 1709 Preston ave St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: June 3 1928

20 UNDERTAKER: Jas N. Chase & Son — ADDRESS: Mosher

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2 E 34504

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

44 E 34504

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 14-M WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isaac Mills

(a) RESIDENCE NO. 1817 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE~~ of Wife - Sallie J. Mills

6 DATE OF BIRTH (month, day, and year) 3/5/77

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 2 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Amelia Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1-28

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1928 to June 1, 1928, that I last saw h.im alive on June 1, 1928 and that death occurred, on the date stated above, at 7:00 a. m.

The CAUSE OF DEATH* was as follows:

Primary carcinoma of tastacs to liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) I G Stewart, M. D.

6-1, 1928 (Address) Johns Hopkins Hosp. —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL June 4 1928

20 UNDERTAKER Sam'l H. Chase & Son ADDRESS 1400 Mosher

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34505

## CERTIFICATE OF DEATH.

90 E 34505

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2811 Mayfield ST. (or WARD) 24 51

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August H. Busse

(a) RESIDENCE No. 2811 Mayfield ST. Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth J Busse

6 DATE OF BIRTH (month, day, and year): Dec 7 1854

7 AGE: Years 73 | Months 5 | Days 22 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Edna L Henry 2811 Mayfield Ave

15 Filed....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30 1928

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to May 30, 1928.

that I last saw him alive on May 29, 1928

and that death occurred, on the date stated above, at 3 40 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Angina Pectoris

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Exam.

(Signed) E. Howard Venable, M. D.

, 19 (Address) 917 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: June 2, 1928

20 UNDERTAKER: John F Denny — ADDRESS: 715 Lisbon St

Spec.—1-12-23—M&T—500 Bks.

733 Aisquith

E 34506

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34506

## CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1211 Bryard ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Horton

(a) RESIDENCE NO. 1211 Bryard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

WARNING RESERVED FOR BINDING

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): April 12-27

7 AGE: Years 1 | Months 1 | Days 14 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thos. Horton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Valentine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mary Horton (Address) 1211 Bryard St.

15 Filed: ....., 19 RKH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/1 19 27

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 5/31, 19 28,

that I last saw h[illegible] alive on 5/31, 19....

and that death occurred, on the date stated above, at 11-50 A m.,

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 2 X ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

Pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

6/1, 19 27 (Address) 33 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem DATE OF BURIAL: June 2 19 27

20 UNDERTAKER: Samuel Beasley ADDRESS: 878 Bdle

Spec.—12-9-25—A Co.—200 Bks.

(Hayden)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34507

## CERTIFICATE OF DEATH.

129

E 34507

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

1-PLACE OF DEATH

City of BALTIMORE: (No. 520 W. Biddle St. 17-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Hayden

(a) RESIDENCE NO. 520 Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1872

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 56 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 097

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Samuel S Swann

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Matilda Richardson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va

14 Informant: Gertrude Fisher

(Address) 520 N Biddle St.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/30/ 1928

17

I HEREBY CERTIFY, That I attended deceased from 5/25/ 1928, to 5/30/ 1928, that I last saw h.. alive on 5/29/ 1928, and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Brights Disease

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W B Stewart, M. D.

5/31/ 1928 (Address) 912 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. Date of Burial June 3rd 1928

20 UNDERTAKER: Samuel H Kemsley ADDRESS 520 N Biddle

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34508

## CERTIFICATE OF DEATH

38 E 34508

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. ____ St. 14-20 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Wm Binswanger

(a) RESIDENCE NO. 1908 Bolton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Arletta Binswanger

6 DATE OF BIRTH (month, day, and year): Jany. 4, 1879

7 AGE — Years: 49 Months: 5 Days: 0 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Credit Man

(b) General nature of industry, business, or establishment in which employed (or employer): Dept. Store

(c) Name of employer: Stewart & Co.

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Elinor Binswanger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mina Wacker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bavaria

14 Informant: Sylvan Binswanger (Address) 1908 Bolton St

15 Filed ..... 19 .....

JUN 2 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/1 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1928, to June 1st, 1928.

that I last saw her alive on 6/1, 1928

and that death occurred, on the date stated above, at 6.1 P. m.

The CAUSE OF DEATH* was as follows:

Cystic Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Pathologic

(Signed) M Schmidt, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. Date of Burial 6/4 1928

20 UNDERTAKER: David Sondheim ADDRESS 45 W Mt Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-10-21—M&T—1500 Blks.

E 34509

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34509

## CERTIFICATE OF DEATH.

REGISTERED NO. 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1844 N. Collington Ave. St. 8-16 Ward)

2-FULL NAME Catherine Ringsdorf,

(a) RESIDENCE No. 1844 N. Collington Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Jacob Ringsdorf,

6 DATE OF BIRTH (month, day, and year): October 12, 1857

7 AGE: Years 70; Months 7; Days 18; If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Bartels,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Wentzel,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Jacob L. Ringsdorf 1844 N. Collington Ave

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JUN 1 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927, to May 31, 1928,

that I last saw her alive on May 31, 1928,

and that death occurred, on the date stated above, at 9-10 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Renal disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Mathias L. Rittenhouse, M. D.

6-1-28, 19 (Address) 1058 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: JUN 2 1928 19

20 UNDERTAKER: Geo W Little — ADDRESS

JAMESON, JOHN, M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should use the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34510

## CERTIFICATE OF DEATH.

1928 E 34510

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 17-24 Ward)

2-FULL NAME Eddie Johnson

(a) RESIDENCE NO. 630 Greenmount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Johnson

6 DATE OF BIRTH (month, day, and year): 1893 1895

7 AGE: Years 33 Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): V. C.

(State or country)

PARENTS

10 NAME OF FATHER: Henry Turner

11 BIRTHPLACE OF FATHER (city or town): V. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town): V. C.

(State or country)

14 Informant: Rosie Rawlins

(Address): 2032 Green St

15 Filed..... 19..... Registrar

JUN 2 - 1928

C. HAMPSON JONES

Per

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage

(duration) .....yrs. .....mos. One

CONTRIBUTORY (Secondary) Bullet wound of Left thigh

(Homicide) (duration) .....yrs. .....mos. One ds.

(Signed) F. C. Lynch M. D.

(Corner)

May 28th 1928 (Address) Coroner,

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., .....mos., .....ds. In the State .....yrs., .....mos., .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary Cemtery

Date of Burial: 6/3 1928

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 1924 W. Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—1-12-23—M&T—500 Bks.

E 34511

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34511

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Carroll St. ST., 21 WARD) 2427

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ridgley Smith

(a) RESIDENCE No. 1341 Carroll St. ST., 21 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | negro | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Smith

6 DATE OF BIRTH (month, day, and year) ? 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ella Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Wm. H. Smith (Address) 1341 Carroll St.

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1928

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1928 to May 31, 1928, that I last saw h i alive on May 31, 1928 and that death occurred, on the date stated above, at 4, 35 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Aortic Insuff. with Oedema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible]

..., 19... (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemtery — DATE OF BURIAL 6/3 1928

20 UNDERTAKER Walter B. Spriggs — ADDRESS 1811 Hamburg St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34512

## CERTIFICATE OF DEATH.

188-003

E 34512

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 11-24 Ward)

2-FULL NAME Annie Wrinder

(a) RESIDENCE NO. 211 W Hoffman St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Wrinder

6 DATE OF BIRTH (month, day, and year): Dec 25-1877

7 AGE: Years 50 Months 5 Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: maid.

(b) General nature of industry, business, or establishment in which employed (or employer): 010

(c) Name of employer

9 BIRTHPLACE (city or town): Chantollerill May 31 Va
(State or country)

PARENTS

10 NAME OF FATHER: Nelson Wordford

11 BIRTHPLACE OF FATHER (city or town): Va
(State or country)

12 MAIDEN NAME OF MOTHER: Ellen Gilmer

13 BIRTHPLACE OF MOTHER (city or town): Va
(State or country)

14 Informant: Alice Pate
(Address) 211 W Hoffman

15 Filed ..... 19 ..... Registrar

N 2 1926

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull. Sudden
Struck by Automobile (duration) ___ yrs. ___ mos.
CONTRIBUTORY (Secondary)
(duration) ___ yrs. ___ mos. ___ ds.

(Signed) F. B. Funk M. D.
(Coroner)

19 (Address) Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: June 2 1928

20 UNDERTAKER: Samuel Hemsley ADDRESS: Linthicum Heights

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 34513 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34513

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 Argyle Ave St.) (WARD) 17-24

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Woodson Baker

(a) RESIDENCE No. 936 Argyle Ave St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Married |

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth Baker

6 DATE OF BIRTH (month, day, and year) Feby 20 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|---|
| | 58 | 3 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Jno. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Elizabeth Baker
(Address) 936 Argyle Ave

15 Filed ....., 19.... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1928

17

I HEREBY CERTIFY, That I attended deceased from May 27 1928, to May 29 1928,

that I last saw her alive on May 29 1928,

and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

1 Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Kidney Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Frank E. Mayer M. D.

5/30, 1928 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL June 2 28

20 UNDERTAKER Samuel A Hensley Jr Co ADDRESS 578

MARGIN RESERVED FOR BINDING

CS. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CN 2 - 1928 Part

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34514

## CERTIFICATE OF DEATH.

17 E 34514

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellis

(a) RESIDENCE NO. 1316 Myrtle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 12 - 1904

7 AGE — Years: 19 Months: 3 Days: 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Gloucester Co. Va.

PARENTS

10 NAME OF FATHER: John Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gloucester Co. Va.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gloucester Co. Va.

14 Informant (Address): Allen Stokes 1624 Druid Hill Ave

15 Filed JUN 2 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to June 1, 1928,

that I last saw her alive on June 1, 1928

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(Hydrosalpinx)

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 5-23-28

Was there an autopsy? No

What test confirmed diagnosis? Operation findings

(Signed) Louis T. Tavy, M.D.

6/1, 1928 (Address) W. Balto Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem.

20 [illegible] Gloucester Co. Samuel D. Thursby

DATE OF BURIAL: June 3, 28

ADDRESS: 1316 Myrtle

Cor.—12-3-25—A Co.—200 Bks.

E 34515

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34515

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 5-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Jackson

(a) RESIDENCE NO. 1309 May St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3/28 1907

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 21 | 0 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Crew, Va.

PARENTS

10 NAME OF FATHER Wm. Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Crew, Va.

12 MAIDEN NAME OF MOTHER Mattie Lee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Crew, Va.

14 Informant John Jackson

(Address) 1304 N. Carolina St

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Mitral Stenosis & Insufficiency

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Beam M. D.

(Coroner)

6/2/28 19 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crew Va Date of Burial June 2, 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Eastlan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 34516

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34516

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 1206 Morton ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Beverly

(a) RESIDENCE NO. 1206 Morton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | C. | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 49 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George Beverly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co Va

12 MAIDEN NAME OF MOTHER Elizabeth Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Nancy Phillips

(Address) 1222 Hanover Alley

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30. 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1928, to May 30, 1928, that I last saw h— alive on May 30, 1928 and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Contributory

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. G. Cornwell M. D.

May 2, 1928 (Address) 1534 - O. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Auburn | June 2 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mrs. R. A. Elliott | 1725 Ashland Ave |

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

34517.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

88 E 34517.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 915 W Mulberry St. 18-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Mary Johnson

(a) RESIDENCE NO. 915 W Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 12/1902 1901

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| 26 | 26 | 2 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Bolton

(State or country) Miss.

PARENTS

10 NAME OF FATHER Richard Robinson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Miss.

12 MAIDEN NAME OF MOTHER Fannie Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga.

14 Informant Fannie Robinson

(Address) 915 W Mulberry St

15 Filed 19

Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1928

17 I HEREBY CERTIFY, That I attended deceased from May 24th, 1928, to May 31st, 1928, that I last saw h[illegible] alive on May 31, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem.

Date of Burial 6/1, 1928

20 UNDERTAKER J Leon Hall

ADDRESS 755 Dolphin St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JN 2-1928

Spec.—1-12-23—M&T—500 Blks.

E 34518 — E 34618

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N Franklin ST. 7-25-90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Powell

(a) RESIDENCE NO. 615 N Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of R R Powell

6 DATE OF BIRTH (month, day, and year) Aug 22 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 74 | 9 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Brockman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Estella Highland

(Address) Orange Va

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to May 31, 1928

that I last saw her alive on May 30, 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis with hypertension - valvular disease of heart —

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) myocarditis acute

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical -

(Signed) S. D'Amaro, M. D.

6-2, 1928 (Address) 1604 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Orange Va — DATE OF BURIAL June 3 1928

20 UNDERTAKER H. J. Dickson, Jno — ADDRESS Orange Va

N.B. WHERE BLANKS OCCUR—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34519

E 34519

## CERTIFICATE OF DEATH

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4116 Penhurst ave. (Ward) 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie P. Hilton

(a) RESIDENCE NO. 4116 Penhurst ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 8. 1858

7 AGE: Years 69 Months 5 Days 24 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Es Mary Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm. M. Hilton

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Bohanan

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant James G. Edelen

(Address) 4116 Penhurst ave

15 Filed JUN 2 1928, 19 Registrar John O. Mitchell

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1. 1928

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1928 to June 1, 1928, that I last saw her alive on June 1, 1928, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation (Late)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Amerritt Foull, M. D.

19 (Address) 3705 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's City, St Mary's Md Date of Burial: June 1928

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1910 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34520

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34520

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No. 100 N. Calhoun ST. 16 WARD)

2-FULL NAME Herbert F. Pfannenstiel

(a) RESIDENCE NO. 2431 Calverton Hts ST. Ave. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Pfannenstiel

6 DATE OF BIRTH (month, day, and year) 6/15/1887

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|---|
| | 40 | 11 | 14 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sign Painter
(b) General nature of industry, business, or establishment in which employed (or employer) 0 50
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS
10 NAME OF FATHER Louis Pfannenstiel
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anna Pfannenstiel
(Address) 2431 Calverton Heights Ave

15 Filed JUN 3 - 1928 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-27, 1928, to 6-1, 1928, that I last saw him alive on 6-1, 1928 and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:
Perforative Appendicitis.
Generalized Peritonitis -

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-28-28

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Louis H. Tolin, M. D.

, 19 (Address) Franklin Square Hosp. Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL June 4 1928

20 UNDERTAKER Mr & Mrs. J. W. Tenfelt & Son — ADDRESS 801 W. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34521

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34521

## CERTIFICATE OF DEATH.

91-007

1-PLACE OF DEATH Hebrew Home

CITY OF BALTIMORE: (No. 2100 E Balto ST., 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Israel Baker

(a) RESIDENCE No. 2100 E Balto. St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? 24 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gleckil

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mark

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lazer Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Baker

(Address) 609 N. Franklin st

15 Filed JUN 3 1928 C. HERON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1928

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to June 2, 1928,

that I last saw h alive on June 2, 1928

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis.

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6/3, 1928 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave.

DATE OF BURIAL 6/3 1928

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

IMPORTANT—WRITE CAREFULLY AND WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34522 | CERTIFICATE OF DEATH. | E 34522

1-PLACE OF DEATH Union Memorial Hosp. | REGISTERED NO. 101-28

CITY OF BALTIMORE: (No. 14-27 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Verna Martini

(a) RESIDENCE NO. 1429 W. Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 16, 918

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 9 | 7 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Martini

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Martini
(Address) 1429 W Fayette St

15 Filed JUN 3 1928 H. [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 31, 19 28, to June 1, 19 28,
that I last saw her alive on June 1, 19 28
and that death occurred, on the date stated above, at 1 35 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Pancarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (Rt)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet | DATE OF BURIAL June 3 1928

20 UNDERTAKER W. M. Cook | ADDRESS 508 E North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 34523

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34523

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

**1-PLACE OF DEATH**

City of BALTIMORE: (No.) 4713 Locust Ave St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** Margaret M Corrigan

(a) RESIDENCE NO. 4713 Locust Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael J Corrigan

6 DATE OF BIRTH (month, day, and year): Feb 9, 1856

7 AGE — Years: 72 Months: 3 Days: 22 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Patrick McDonald

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Joseph F Corrigan

(Address): 4713 Locust Ave

15 Filed ..... 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to June 1, 1928, that I last saw h.e alive on Jun 1, 1928, and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver, Stomach

(duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. H. Bishop, M. D.

Jun 3, 1928 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns, Long Green, Md Date of Burial: 6/4 1928

20 UNDERTAKER: W M Cook ADDRESS: 502 E 11th St

Spec.—1-12-23—M&T—500 Bks.

E 34524

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34524

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Macon Memorial Hospital (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marcus Wertheimer

(a) RESIDENCE No. 242 E. Church ST., Frederick, Maryland WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13 1857.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 71 | 3 | 17. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Frederick Wertheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Clotilde Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Francis Wertheimer

(Address) Frederick Md.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to June 2, 1928,

that I last saw h in alive on June 2, 1928

and that death occurred, on the date stated above, at 3 25 P. m.,

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

~~Uraemia~~ Prostatetes Chronic

Urinary Calculi

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of May 21/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George O. Eaton, M. D.

, 19 (Address) Union Memorial Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Christ Cemetery Frederick Md. DATE OF BURIAL June 5 1928

20 UNDERTAKER C. E. Cline ADDRESS Frederick Md.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34525

## CERTIFICATE OF DEATH.

90 E 34525

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2100 E. Balto (ST.) Hebrew Incurable Home (WARD) 18-12

2-FULL NAME Anna Silver

(a) RESIDENCE NO. 507 N. Shroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham Silver

6 DATE OF BIRTH (month, day, and year): May 1868

7 AGE: Years 60 | Months 1 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): F. Lewis 1439 E. Balto St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 8, 19 28, to June 2, 19 28,

that I last saw h[illegible] alive on June 2, 19 28,

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

, 19 (Address) 1818 E. Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 6-3- 1928

20 UNDERTAKER: Jack Lewis, 1439 — ADDRESS: E. Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34526

## CERTIFICATE OF DEATH

2 E 34526

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 20-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Moses Liff

(a) RESIDENCE NO. 500 N Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Dora Liff

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 4/6 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) 034

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Liff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 3 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2/28

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 2, 1928, that I last saw h[illegible] alive on June 2, 1928 and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Haemophilia (Duration - Life)

?Typhoid

?Typhus. Acute febrile illness - death

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia about

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ? 500 N Wolfe ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clotting time -

(Signed) Lyman Moses, M. D.

6. 2, 19 28 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Workmen Circle, Int Carmel | 6-5-19 28 |
| 20 UNDERTAKER | ADDRESS |
| Jack Lewis | 1431 E. Balto. |

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34527

## CERTIFICATE OF DEATH.

90

REGISTERED E 34527

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 15-54 Ward)

2-FULL NAME Rebecca Friedman

(a) RESIDENCE NO. 3713 Reisterstown Rd. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Max Friedman

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 48 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Jack Lewis

(Address): 1439 E. Balto.

15 Filed JUN 3 1928, 19 [illegible] Registrar

per R Elfe

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 1 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21, 19 8, to June 1, 1928, that I last saw h[illegible] alive on June 1, 1928, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/28/28.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. J. Faulburg, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial: 6-2- 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Balto.

IMPORTANT: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 34528 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 34528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST. 17 WARD)

2-FULL NAME Mrs. Kate Badner

(a) RESIDENCE NO. 926 E Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem. | Wht | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of S. Leo Isaac Badner

6 DATE OF BIRTH (month, day, and year) unk —.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia Austria

PARENTS

10 NAME OF FATHER Chaim Apple Rappaport

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Rothie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant J. Lewis

(Address) 1439 E. Balto.

15 Filed , 19 Registrar

C. FRANKLIN JONES, M. D.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1928

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to June 2, 1928,

that I last saw h alive on June 2, 1928,

and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Diabetes Mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Francis Titterdale M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel — DATE OF BURIAL 6-3 1928

20 UNDERTAKER Jack Lewis, 1439 E Balto — ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Eks.

E 34529

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO. 34529

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1737 E. Fairmount ave ST., 6-4 WARD)

2—FULL NAME Rebecca Katz

(a) RESIDENCE NO. 1737 E. Fairmount Ave. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mat Katz

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Solomon Sacks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: J. Lewis

(Address): 1439 E. Balto. St.

15 Filed [illegible] 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 - 1928

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to June 1, 1928, that I last saw her alive on June 1, 1928 and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. arterial Nephritis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jacob Cohen, M. D.

6/2/1928 (Address) 2235 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 6-3-1928

20 UNDERTAKER: Jack Lewis, 1439 E. Balto. — ADDRESS

JUN 5 1928 C. H. [illegible]

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34530 E 34530

## CERTIFICATE OF DEATH.

REGISTERED NO. 21-29-28

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas W. Culotta

(a) RESIDENCE NO. 1403 Astand Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 38) mos. ds. How long in U. S., if of foreign birth? yrs. 38 mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatora Culotta

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work D45

(b) General nature of industry, business, or establishment in which employed (or employer) Fruit Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Vincent Culotta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Salvatora Geppi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Dr. Vincent Culotta

(Address) 811 Scott st

15 Filed JUN 3 1928 H. RON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1928

17

I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to June 1, 1928, that I last saw him alive on June 1, 1928, and that death occurred, on the date stated above, at 4 00 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. E. Reipschneider, M. D.

6/1, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 4 1928

20 UNDERTAKER Frank V. Cipitone — ADDRESS 2812 E Baltimore st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34531

## CERTIFICATE OF DEATH.

38 E 34531

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Byrd St. ST. 24-34 WARD)

2-FULL NAME Margaret A. Rathell

(a) RESIDENCE NO. 1726 Byrd St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Rathell

6 DATE OF BIRTH (month, day, and year) Feb 1 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 4 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mr. Edward S. Kidd

(Address) 1726 Byrd St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1 1928

17 I HEREBY CERTIFY, That I attended deceased from April 17th 1928 to June 1st 1928

that I last saw her alive on May 31st 1928

and that death occurred, on the date stated above, at 2 AM

The CAUSE OF DEATH* was as follows:

General paresis (tertiary lues)

(duration) — yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? 1832 Light St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Wassermann & clinical symptoms

(Signed) Thos. Kleibel, M. D.

6/2 1928 (Address) 1334-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 6/4 1928

20 UNDERTAKER J. Few McCully

ADDRESS 1306 E. Fort.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 3 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 34532

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

65-001

E 34532

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2—FULL NAME Sarah Sloan

(a) RESIDENCE NO. Gaffney, S.C. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 3 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Sloan

6 DATE OF BIRTH (month, day, and year) 11-12-76

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | [illegible] | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment In which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Herman Manchester

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Lucy Haskell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL, BALTIMORE, MD.

15 Filed JUN 5 1928, 19 C. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1925, to June 2, 1928, that I last saw h[illegible] alive on June 2, 1928, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Myeloid Leukemia

(duration) 2½ yrs. mos. ds. (History)

CONTRIBUTORY (Secondary) Cystitis; Pyelonephritis

duration (?) (duration) yrs. 3 mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Smiley M. D.

6/7/1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Gaffney S.C. | June 3rd 1928 |
| 20 UNDERTAKER Wolf & Cook | ADDRESS 1003 N. Eutaw St |

Spec.—2-29-28—L. F. S.—500 Bks. ... important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E-34533

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34533

## CERTIFICATE OF DEATH.

186-003 E 34533

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Hoffelman

(a) RESIDENCE NO. 2218 Eagle St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18th 1848

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 80 | | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Emma Walter

(Address) 2218 Eagle st

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by this Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Myocarditis Bronchial asthma

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. J. Horton M. D.

(Coroner)

June 3rd 1928 (Address) Curtis Bay, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — Date of Burial June 4th 1928

20 UNDERTAKER Mr. Mrs. N. S. Finch — ADDRESS 2512 Hollins Ave

A. B. C. [illegible] WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 34534

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34534.

+ 117

## CERTIFICATE OF DEATH.

E 34534

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St., 26-27 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Perry

(a) RESIDENCE NO. Dundalk St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W. Colored

5 Single, Married, Widowed, or Divorced, (write the word) Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) Unknown

7 AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.

abt 40

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Wife Geo Glades

(Address) 1434 Edwin

15 Filed JUN 3 - 1926 19 H. [illegible] Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostasis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

(Signed) Geo Glades, M. D.

(Coroner)

(Address) 1436 Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

Date of Burial 6/3 1926

20 UNDERTAKER J. J. Fahey & Sons

ADDRESS 1318 Eutaw St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Lewis V 34535

E 34535

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34535

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. La Fayette Ave ST. 17-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine A. Lewis

(a) RESIDENCE NO. 200 S. La Fayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles E. Lewis

6 DATE OF BIRTH (month, day, and year) 9/17/1845

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 82 | 8 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Francis Battersby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth O' Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Maud Curtain

(Address) 200 S. La Fayette Ave

15 Filed JUN 3 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928 to June 2, 1928, that I last saw h[er] alive on June 1, 1928, and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward Dorad, M. D.

19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL June 4 19 28

20 UNDERTAKER John Ullrich

ADDRESS 2007 Eutaw

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Burridge

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34536.

E 34536

## CERTIFICATE OF DEATH

E 34536

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta Burridge

(a) RESIDENCE NO. Tilghman ST. 22nd WARD 2

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | M |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm T Burridge

6 DATE OF BIRTH (month, day, and year) '77

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 11 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Tilghman Md

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER Lenen H. North

11 BIRTHPLACE OF FATHER (city or town) (State or country) Worcester Co Md

12 MAIDEN NAME OF MOTHER Margaret Sudan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Wm. H. North

(Address) Tilghman

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3/1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 3, 1928, that I last saw her alive on June 3, 1928 and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Septicaemia

Acute pyelitis

Acute Pyelitis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Tilghman

Did an operation precede death? Yes Date of previous to admission

Was there an autopsy? No

What test confirmed diagnosis? X ray.

(Signed) DC Heffce, M. D.

, 19 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Tilghman Md | June 4, 1928 |
| 20 UNDERTAKER John Ellerich | ADDRESS 2008 Orleans |

Important. See instructions on back of certificates. Exact statement of OCCUPATION is very

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34537

## CERTIFICATE OF DEATH

12.2-002

E 34537

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. President Hospital St. 14-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Watkins

(a) RESIDENCE NO. 1314 W Mulberry St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | C | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Watkins

6 DATE OF BIRTH (month, day, and year) 5 30 1870

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 54 | | 3 |

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant William Watkins

(Address) 1314 W Mulberry St

15 Filed ..... 19 ..... C. HANSON JONES, M. D. Registrar

JUN 1 - 1926

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 2 - 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 13 19 26 to June 2 19 26

that I last saw h— alive on June 1 19 26

and that death occurred, on the date stated above, at 1.a; m.

The CAUSE OF DEATH* was as follows:

Cerrhosis of Liver (non Alcoholic)

(See other side)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1314 W Mulberry St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Marcellus E. Toney, M. D.

, 19 (Address) 1485 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Westminster Yard | 6-4 1926 |

20 UNDERTAKER George P. G. Gibson ADDRESS 1733 Edmondson Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34538

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34538

## CERTIFICATE OF DEATH.

E 34538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Chas. B. Dolan 1720 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 740 Mosher St.

(a) RESIDENCE NO. 740 Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Dolan

6 DATE OF BIRTH (month, day, and year) 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coachman

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Peter Dolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia M. Turpin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah Dolan

(Address) 740 Mosher St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14th, 1928 to June 4th, 1928

that I last saw him alive on May 29th, 1928 and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of the Stomach

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Chis, M. D.

(Address) 740 Mosher St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Jerusalem Cemetery | 6/7/ 1928 |
| UNDERTAKER | ADDRESS |
| Geo. H. Holland | 1631 Druid Hill |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34539

## CERTIFICATE OF DEATH.

49 E 34539

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General (ST.) 17 (WARD) Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Allen

(a) RESIDENCE NO. 565 Oxford St ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Allen

6 DATE OF BIRTH (month, day, and year) ? 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary McCullon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Marshall

(Address) 606 Lawrence St

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1928

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to June 3, 1928, that I last saw her alive on June 3, 1928, and that death occurred, on the date stated above, at 5 45 A m.

The CAUSE OF DEATH* was as follows:

Generalized Sarcomatosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 26, 1928

Was there an autopsy? No

What test confirmed diagnosis? Examination of growth from operation

(Signed) Paul Schreiber, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/6/1928

20 UNDERTAKER Mrs Geo Holland

ADDRESS 1431 N. Hill ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34540

## CERTIFICATE OF DEATH.

2 E 34540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hosp. (St.) 24 33 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Frome

(a) RESIDENCE NO. 1441 Pennington ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | | | |

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Regan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Patrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records.
(Address)

15 Filed ....., 19.. ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1928

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to June 3, 1928, that I last saw h[illegible] alive on June 3, 1928, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

[illegible] hours (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

[illegible] hours (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) L. B. Madden, M. D.

6-3, 1928 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 6/6 1928

20 UNDERTAKER W. M. Cook

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 4 - 1928 [illegible] M. D.

Dr S Gorsuch 2900 St. Paul St

Spec.–7-17-26—A Co.—200 Bks.

E 34541

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

12 E 34541

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1712 Windemere St. (or Ward) 9-47 Fire

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F Cursley

(a) RESIDENCE NO. 1712 Windemere St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Widow

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: John E Cursley

6 DATE OF BIRTH (month, day, and year): Jan 14 1853

7 AGE: Years 75 Months 4 Days 18 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Samuel A Ewalt

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Harry Martin (Address) 1712 Windemere Ave

15 Filed ..... 19 .....

Registrar

Fee

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15 1926 to June 2nd 1928, that I last saw her alive on June 2nd 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy Hemiplegia

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) 5 yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? 2

Was an operation precede death? Date of no

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) H. L. Gorsuch M.D.

19 (Address) June 3-1928 2900 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: June 4 1928

UNDERTAKER: William Cook — ADDRESS: 5526 North Av

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2/4432

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34542

REGISTERED NO. E 34542

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caleb Chesbonner

(a) RESIDENCE NO. 224 N. Monument ST., WARD Texas Md. Cuba

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucie B Chesbonner

6 DATE OF BIRTH (month, day, and year) Jan 12. 1854

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 4 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Andrew Chesbonner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger -

12 MAIDEN NAME OF MOTHER Francis Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records -

(Address)

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 - 28

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to June 2, 1928, that I last saw h alive on June 2, 1928 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Primary Intoxication from Ruptured Diverticulum of Urinary Bladder

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Baltimore Maryland.

Did an operation precede death? Yes. Date of May 24-28

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy + operation

(Signed) Robert W. Murray, M. D.

, 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Texas Md

DATE OF BURIAL 6/5 1928

20 UNDERTAKER W M Cook

ADDRESS 502 E Monument St

important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34543

## CERTIFICATE OF DEATH.

100-001

E 34543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 South St. 18-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ozzie Thurman Taylor

(a) RESIDENCE NO. 919 South ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | col | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11 18

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 4 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NV

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sommerville
(State or country) col

PARENTS

10 NAME OF FATHER Robert Taylor.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lucy Thurman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14

Informant Lillie Taylor
(Address) 218 Brooks St

15

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2-19 18

17

I HEREBY CERTIFY, That I attended deceased from 6-1-, 19 18, to 6-2, 19 18,

that I last saw h. alive on 6-2, 19 18,

and that death occurred, on the date stated above, at 5:05 p m.

The CAUSE OF DEATH* was as follows:

Primary Wounds—
Exsanguination

(duration) yrs. mos 4 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. H. Jackson, M. D.

6-2, 19 18 (Address) 600 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt Auburn Cem

DATE OF BURIAL 6/4/18

20 UNDERTAKER Dennis Foster

ADDRESS 916 Ba ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—[illegible] Letter in file from Dr Sherman dated 6/6/1928

# E 34544 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34544

## CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Calhoun & Saratoga ST. 13 WARD)

2-FULL NAME Mrs Blanche May Walker

(a) RESIDENCE NO. 3445 Falls Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G. Walker.

6 DATE OF BIRTH (month, day, and year) Oct 4 1887

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 7 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Amos McCauley

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Mollie Peacock

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14

Informant Husband

(Address)

15

Filed ..... 19 .....

Registrar Filth

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1928

17

I HEREBY CERTIFY, That I attended deceased from May 26 1928, to June 3 1928,

that I last saw h[illegible] alive on June 2 1928

and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus.

(duration) ~~yrs.~~ ~~mos.~~ 21 ds.

CONTRIBUTORY (Secondary) Septicemia, bronchopneumonia, phlebitis (duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Elizabeth B. Sherman M. D.

19 (Address) % Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery DATE OF BURIAL June 5 1928

20 UNDERTAKER P. S. Marshall ADDRESS 3539 Falls Road

INSTRUCTIONS. This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34545 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34545

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bay City Hosp 100-601.

CITY OF BALTIMORE: (No. Balto Md ST., 18-A WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Green

(a) RESIDENCE NO. 916 Pierce St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Married |

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bay City Hospitals

(Address) Balto Md

15 Filed JUN 4 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-19-, 1928, to 6-1-, 1928, that I last saw h[illegible] alive on 5-31-, 1928, and that death occurred, on the date stated above, at 8.55 A m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Mary L. Brown M. D.

19 (Address) 100 Pine St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL June 4 1928

20 UNDERTAKER Sam'l H. Chase & Co

ADDRESS Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 34546

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

146 E 34546

REGISTERED NO.

1-PLACE OF DEATH Jenkins Memorial Hospital

City of BALTIMORE: (No. 1000 Caton Ave St. 15-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelaide F. Boteler

(a) RESIDENCE NO. 3717 Belle Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 16 1842

7 AGE — Years: 85 Months: 6 Days: 16

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Joseph I Boteler

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER E Irwin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Jenkins Memorial Hospital

(Address) 1000 Caton Ave Balto

15 Filed JUN 4 1928, 19 CHARLES H. [illegible] Registrar

By [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1. 1928

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1928, to June 1, 1928, that I last saw h[illegible] alive on June 1, 1928, and that death occurred, on the date stated above, at 2-200 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where w[illegible]se contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Path. Exam.

(Signed) F. L. Delafiaccа, M. D.

. 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — Date of Burial: June 4 1928

20 UNDERTAKER: W M Routson — ADDRESS 2238 W North

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34547 — 4 — E 34547

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 230 Park Ave. St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chin Mah

(a) RESIDENCE NO. 230 Park Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Chinese

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 69 — Months: — — Days: — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) China

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) China

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) China

(State or country)

14 Informant Chin Fong

(Address) 230 Park Ave

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31. 28 19

17 I HEREBY CERTIFY, That I attended deceased from April, 1928, to May 30, 1928

that I last saw him alive on May 30, 19 ,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Don't Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

6/2/28 19 (Address) 117 N. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: June 4 1928

20 UNDERTAKER: John Mitchell — ADDRESS: 1906 Eastern Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34548 — 74-001 — E 34548

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2828 Clifton Ave St. 15-60 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Bautz

(a) RESIDENCE NO. 2828 Clifton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Michael Bautz

6 DATE OF BIRTH (month, day, and year): April 26-1855

7 AGE — Years: 73 Months: 1 Days: 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Torpey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr Bautz

(Address): 2828 Clifton Ave

15 Filed JUN 4 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1928, to June 1, 1928, that I last saw h[illegible] alive on June 1, 1928, and that death occurred, on the date stated above, at 10.25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) yrs. 6 mos 3 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6/4, 1928 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 6/5 1928

20 UNDERTAKER: Chas. E. Isaac & Son — ADDRESS: 1111 W. Mt. Royal Ave

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

44 ✓

E 34549

## CERTIFICATE OF DEATH.

REGISTERED NO. E 34549

1-PLACE OF DEATH

City of BALTIMORE: (No. 1105 Forrest St. 10-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Toner

(a) RESIDENCE NO. 1105 Forrest St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): Unknown 1860

7 AGE: Years 68 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER Francis Toner

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine McFarland

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant Mrs. Mary C. Wess

(Address) 1105 Forrest St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1928

17 I HEREBY CERTIFY, That I attended deceased from May 17 1928, to June 3, 1928, that I last saw h... alive on June 2, 1928, and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Unknown (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. O'Hemo Ross, M. D.

6/3 1928 (Address) 914 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 6/6 1928

20 UNDERTAKER: Chas. F. Kraus & Son — ADDRESS W. Saratoga & Royal Place

Now should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 34550

# HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

## CERTIFICATE OF DEATH

E 34550

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 S. Ellwood Ave ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Kommalan

(a) RESIDENCE NO. 621 S. Ellwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick L. Kommalan

6 DATE OF BIRTH (month, day, and year) March 7-1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 2 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wm. Keyser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mary M. Bartman

(Address) 621 S. Ellwood ave

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1-1928

17 I HEREBY CERTIFY, That I attended deceased from May 28 19 28 to June 1 19 28

that I last saw h alive on June 1 19 28

and that death occurred, on the date stated above, at 10 50 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Syndrome

(Signed) Fred Laverty M. D.

19 28 (Address) 500 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetary

DATE OF BURIAL June 5 1928

20 UNDERTAKER George W. Zickler

ADDRESS 1737 E. Eager st

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# E 34551 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34551

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., W-6 WARD

2-FULL NAME Annie E Beach.

(a) RESIDENCE No. 2660 Druid Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H. Beach

6 DATE OF BIRTH (month, day, and year): July 4 1884

7 AGE: Years 43 Months 10 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Nicholas Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Friends.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/11/1928

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1928 to June 1, 1928

that I last saw him alive on June 1, 1928

and that death occurred, on the date stated above, at 11 55 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Paralysis agitans

(duration) ? yrs. mos. ds.

18 Where was disease contracted? if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gram's Stain.

(Signed) C. Holmes Grant, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: June 5th 1928

20 UNDERTAKER: F. S. Wightman

ADDRESS: 1850 W. Baltimore St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 3455B

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34552
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE—No. 820 Woodley Ave. 16th WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Terence Rodgers

(a) RESIDENCE NO. 820 Woodley ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie May Rodgers

6 DATE OF BIRTH (month, day, and year) Aug 2 - 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 49 | 9 | 28 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lecture in [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer) H.S. School
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER John Rodgers
11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)
12 MAIDEN NAME OF MOTHER Ann [illegible]
13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Addie May Rodgers
(Address)

15 Filed JUN 4 - 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-28 19

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to 6/4/28, 19, that I last saw him alive on 5/31/28, 19, and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) [illegible] M. D.

(Address) 57 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mayr Cathedral Cemetery DATE OF BURIAL June 5 1928

20 UNDERTAKER George L. Schwab ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34553

## CERTIFICATE OF DEATH.

65 E 34553

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5212 Midwood Ave St.) (WARD)

2-FULL NAME Jessie C. Lewis

(a) RESIDENCE No. 5212 Midwood Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James L. Lewis

6 DATE OF BIRTH (month, day, and year): Mar. 8-1876

7 AGE — Years: 52 Months: 2 Days: 24 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jos. Salowsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada Ont

12 MAIDEN NAME OF MOTHER: Barbara Brobst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Jos. Lewis (Address) 812 W. 35th Nothern Ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2. 1928

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1928, to June 2, 1928

that I last saw h[illegible] alive on June 2, 1928

and that death occurred, on the date stated above, at 7.0 m

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. L. Gordy M. D.

(Address) 421 Hollywood Road 6-3, 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Bluff Annapolis

DATE OF BURIAL: June 5 19 28

20 UNDERTAKER: Geo M. Fried & Son

ADDRESS: 811 N Wolfe

TION is very important See instructions on back of certificates.

State File No. E 34554

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34554

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 924 N. Carrollton Ave (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Allen J. W. Thompson

(a) RESIDENCE NO. 924 N. Carrollton Ave. WARD Reisterstown

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ella Thompson

6 DATE OF BIRTH (month, day, and year) 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reisterstown

PARENTS

10 NAME OF FATHER Aaron Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lydia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ella Thompson (Address) 924 Madison Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 1 - 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to June 1, 1928, that I last saw him alive on June 1, 1928, and that death occurred, on the date stated above, at 9.50 P.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Macon Williams, M. D.

6-3, 1928 (Address) 1 E 30 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Lukes Cem. Reisterstown | June 4 '28 |
| 20 UNDERTAKER Samuel B. Ruxley | ADDRESS 578 N. Bdle |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 4 1928 C. [illegible] JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34555

## CERTIFICATE OF DEATH.

B E 34555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp, ST., 9-1 WARD)

2-FULL NAME Mrs. Wilbair Bartholow

(a) RESIDENCE No. Riverside Drive & Md. Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bartholow

6 DATE OF BIRTH (month, day, and year) May 29, 1867

| 7 AGE | Years | Months | Days 2 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 0 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Con. Can Co.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emma Bartholow

(Address) Essex Md

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/3, 1926, to 6/1, 1926, that I last saw him alive on 6/1, 1926, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma bowel & pneumonia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Epithelioma (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/3/26 - 5/24/26

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & x-ray

(Signed) J. Marbaugh, M. D.

6/1, 1926 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 6/5/ 1926

20 UNDERTAKER John G. Connelly — ADDRESS Emory

Cor.—12-9-25—A Co.—200 Bks.

E 34556

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34556

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Oswinkle

(a) RESIDENCE NO Eastern Baylor and Essex Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 17 1920

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 8 | | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Charles Oswinkle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Lena Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Emma E. Matthews

(Address) Eastern Baylor ave

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Linear Fracture of Skull and Laceration of Brain due to accident in Balto Co.

(duration) ..... yrs. ..... mos. 1 hr

CONTRIBUTORY (Secondary) Hemorrhage - Lacerations Brain (duration) ..... yrs. ..... mos. 1 hr

(Signed) James M Fenton M. D.

(Coroner)

6/2, 1925 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — Date of Burial 6/4/1925

20 UNDERTAKER John G. Connelly — ADDRESS Essex

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 34557

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Cooksie Street ST. 24-35 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Krawczyk

(a) RESIDENCE No. 1403 Cooksie Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Union Locust Pt.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14

Informant Mary Jakubowska

(Address) 1403 Cooksie Street

15

Filed , 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1928

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to June 3, 1928, that I last saw him alive on June 3, 1928, and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) H. J. Miller, M.D.

6-2 1928 (Address) 710 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary Cemetery | June 6 1928 |
| 20 UNDERTAKER | ADDRESS |
| George A. Weber | 2205 Bank St. |

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34558

## CERTIFICATE OF DEATH.

1-004

E 34558
REGISTERED NO.

15-63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jean Plimpton

(a) RESIDENCE NO. 3416 - Gwynn Falls Apts. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bentley Plimpton.

6 DATE OF BIRTH (month, day, and year) March 13, 1884.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 2 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Victor, N. Y.

PARENTS

10 NAME OF FATHER J. M. Todd.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Victor, N. Y.

12 MAIDEN NAME OF MOTHER Mary Chapman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clifton Springs N. Y.

14 Informant Mrs. Bentley Plimpton.
(Address) 3416 - Gwynn Falls Apts. City.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1928

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1928, to June 2, 1928, that I last saw h[illegible] alive on June 2, 1928, and that death occurred, on the date stated above, at 9:22 P m.

The CAUSE OF DEATH* was as follows:

Typhoid fever.

(duration) yrs. 3 mos 20 ds.

CONTRIBUTORY (Secondary) Multiple perforation of ileum & gen. peritonitis (duration) yrs. mos. 2-3 ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Widal; autopsy.

(Signed) J. H. Knock., M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Victor N. Y. | June 4 1928 |
| 20 UNDERTAKER | ADDRESS |
| Jos Jerusalem & Son | 217 S. Paca |

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34559

## CERTIFICATE OF DEATH.

74-002

E 34559

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 15-68 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Harris Rosenbaum

(a) RESIDENCE NO. 1612 Smallwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harris Harris Rosenbaum

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE — Years: 75 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: J. Lewis

(Address): 1439 E Balto.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 6-4-'28

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to 6-4, 1928, that I last saw her alive on 6-4, 1928, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis
Hypertension

(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. M. Schneidel M.D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Northern Av., Date of Burial: 6-4 19 28

20 UNDERTAKER: Jack Lewis, 1439 E Balto. ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOT WRITTEN BY JAMES M. JONES M.D.

Spec.—1-12-23—M&T—500 Blks.

E 34560

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34560

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 27-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dobson

(a) RESIDENCE NO. 1107 W. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2, 1928

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Spencer Dobson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Estelle Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant C. D. Heckman M.D.

(Address) Johns Hopkins Hospital

15 Filed JUN 4 1928 HAMILTON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-2, 1928 to 6-2, 1928 that I last saw her alive on 6-2, 1928 and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. D. Heckman, M. D.

6-7, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bush Park Cemetery, Howard Co. DATE OF BURIAL June 4th 1928

20 UNDERTAKER Mrs. Kates R. Hellmann ADDRESS 322 N. Schroeder St.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

34561

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

32 E 34561

1-PLACE OF DEATH Union Memorial Hosp. 15-16

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

2-FULL NAME Warren Burbett

(a) RESIDENCE No. 174 Moreland Ave ST. City WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Baby |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min |
|---|---|---|---|---|
| | 9 | 9 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jerome Burbett

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Reeder

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Hospital Records.
(Address)

15 Filed ..... 19 ..... Registrar

JUN 4 - 1928 H

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 3, 1928, that I last saw h alive on June 3, 1928 and that death occurred, on the date stated above, at 5:10 P m

The CAUSE OF DEATH* was as follows:

T.b.c. Meningitis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) T. D. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | June 5 1928 |

20 UNDERTAKER Robt J Sumner Co ADDRESS 1442 N. Broadway

IMPORTANT is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34562

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-001 E 34562

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Front ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Jacobini.

(a) RESIDENCE NO. 1232 N Front St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | S |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-3-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, / hrs. or 30 min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto- Md

PARENTS

10 NAME OF FATHER Camillo Jacobini

11 BIRTHPLACE OF FATHER (city or town) Conegliano (State or country) Italy.

12 MAIDEN NAME OF MOTHER Anna Bellicopi

13 BIRTHPLACE OF MOTHER (city or town) Salerno (State or country) Italy

14 Informant Camillo Jacobini.

(Address) 1232 E Front St.

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-3-1928

17 I HEREBY CERTIFY, That I attended deceased from 6-3-, 1928. to 6-3-, 1928.

that I last saw him alive on 6-3-, 1928

and that death occurred, on the date stated above, at 6 P. m

The CAUSE OF DEATH* was as follows:

Premature birth -

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Premature birth.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) S. D'Emanuele, M. D.

6-4-1928 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer June 4 1928 | DATE OF BURIAL

20 UNDERTAKER Morton W E Dupper Inc ADDRESS 3728 Eas

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34563

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

12 E 34563

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No.) 329 S. Bentalou ST. (WARD) 20 69

2-FULL NAME John Daniel Kappauf

(a) RESIDENCE NO. 329 S Bentalou ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of: Anna Gertrude Kappauf

6 DATE OF BIRTH (month, day, and year): Sept 27 1845

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 82 | 8 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Cooper 015

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Kappauf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Sowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Young

(Address): 329 S Bentalou St

15 Filed June 8 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7" 1928

17

I HEREBY CERTIFY, That I attended deceased from June 1 1928 to June 1 1928

that I last saw him alive on June 1 1928

and that death occurred, on the date stated above, at 7 05 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm A Clyde M. D.

June 8 1928 (Address) 345 S Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: June 5" 1928

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W Baltimore St

FOR A very important... See instructions on back of certificates.

Spec.—2-20-25—L. F. S.—500 Blks.

2147/38
E 34564

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 41

E 34564

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia Beatty

(a) RESIDENCE NO. 317 Charlotte St ST., WARD Asheville N-C

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Child - |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): July 27, 1920

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | 10 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cuba

PARENTS

10 NAME OF FATHER: Frank S. Beatty

11 BIRTHPLACE OF FATHER (city or town) (State or country): N-Y

12 MAIDEN NAME OF MOTHER: Sophie Smarey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Havana

14 Informant: Sophie Beatty Reads — Asheville

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 • 28

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to June 4, 1928, that I last saw her alive on June 4, 1928, and that death occurred, on the date stated above, at 3.8 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcus Hemolyticus Septicemia (History)

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. d.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? laboratory

(Signed) W. Lindsay Keller M. D.

6/4/1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asheville NC — DATE OF BURIAL: June 4 1928

20 UNDERTAKER: John Mitchell Sons — ADDRESS: Asheville

Spec.—1-12-23—M&T—500 Bks.

E 34565 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34565

## CERTIFICATE OF DEATH.

49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Baltimore City Hospitals ST. 5-8 WARD)

2-FULL NAME James A Henry -

(a) RESIDENCE NO. Leaving Town ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James A Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Nancy Donoldson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14

Informant

(Address)

15

Filed , 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1 1928

17

I HEREBY CERTIFY, That I attended deceased from 4-30- , 1928, to 6-1 , 1928

that I last saw him alive on 6-1 , 1928

and that death occurred, on the date stated above, at 1.00 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 5-28-28

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) , M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Back Bay

DATE OF BURIAL 6/13/28 19

UNDERTAKER Hyde 1331

ADDRESS

JUN 4 - 1928

Very important. See instructions on back of certificates.

C. HANSON JONES M. D.
UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

E 34566

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34566

## CERTIFICATE OF DEATH

X 57

1-PLACE OF DEATH Church Home & Inf Lanside

CITY OF BALTIMORE: (No. ..... ST., 64 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Kinder

(a) RESIDENCE NO. Federalsburgh Md ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joshua L. Kinder

6 DATE OF BIRTH (month, day, and year): Dec 4-1865

7 AGE — Years: 62 — Months: 6 — Days: 0 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Delaware

PARENTS

10 NAME OF FATHER: ? Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: Sarah Collins

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Delaware

14 Informant: Joshua L. Kinder

(Address): Federalsburg Md

15 Filed ..... 19 ..... Registrar

4 - 1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/4 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/21, 1928, to 6/4, 1928, that I last saw h[illegible] alive on 6/4, 1928, and that death occurred, on the date stated above, at 6 17 m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilitation

(duration) 5 yrs. mos da.

CONTRIBUTORY (Secondary) Hypertension - cardio vascular renal disease addition - Diabetes mellitus

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) W. Granville Pettibone, M. D.

6/4, 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Federalsburg Md — DATE OF BURIAL: June 4, 28

20 UNDERTAKER: Wm J Jackson Jr — ADDRESS: Phila Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Blks.

E 34567.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34567.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3414 Glen Ave St., 1 (WARD) 27-4-46 101-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis A Pyle

(a) RESIDENCE NO. 3414 Glen Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Pyle

6 DATE OF BIRTH (month, day, and year) Feb 16 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 67 | 3 | 14 | 16 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Forrest Hill Harford Co Md

PARENTS

10 NAME OF FATHER Joshua A Pyle

11 BIRTHPLACE OF FATHER (city or town) Forrest Hill (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Guilelma Rutledge

13 BIRTHPLACE OF MOTHER (city or town) Forrest Hill (State or country) Harford Co Md

14 Informant Walter E. Martin (Address) Forrest Hill Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3/28 19

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 2, 1928, that I last saw him alive on June 2, 1928, and that death occurred, on the date stated above, at 8 05 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Alf T Sage M. D.

(Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forrest Hill Harford Co Md

DATE OF BURIAL June 5 1928

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34568

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34568

## CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 811 S Montford Ave ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pete Warmenitski

(a) RESIDENCE NO. 811 S Montford ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bronislawa

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Sparrows Point

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Bernard Warmenitski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Ordewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Warmenitski

(Address) 811 S Montford ave

15 Filed 28, 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2 1928

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to June 2, 1928,

that I last saw h[illegible] alive on June 2, 1928

and that death occurred, on the date stated above, at 7-40 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary): Toxaemia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb V. Athey, M. D.

, 19 (Address) 100 S. Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus

DATE OF BURIAL: June 5 1928

20 UNDERTAKER: F W Ozazenski

ADDRESS: 1930 Eastern

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 34569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34569

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 825 S. Decker Ave. ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Klocek

(a) RESIDENCE NO. 825 S. Decker Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Klocek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Klocek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant A. Klocek
(Address) 825 S. Decker Ave

15 Filed 4 1928 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to June 3, 1928, that I last saw her alive on June 3, 1928, and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas, M. D.

6-4- 1928 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Stanislaus | June 6 1928 |
| UNDERTAKER | ADDRESS |
| J W Grazenski | 943 |

Spec.—2-29-28—L. F. S.—500 Bks.

E 34570

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34570

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 S 15th ST. (WARD) 26-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James E. McDonald

(a) RESIDENCE NO. (Usual place of abode) 504 S. 15th ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora A. McDonald

6 DATE OF BIRTH (month, day, and year) Oct 16-1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 57 66 | 7 5 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) Penn R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER Patrick McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire.

12 MAIDEN NAME OF MOTHER Bridget O'Leary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire.

14 Informant Cora A. McDonald (Address) 504 S. 15th St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 1st, 1928, that I last saw him alive on June 1st, 1928 and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod, M. D.

, 19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oaklawn Cemetery | June 5, 1928 |
| 20 UNDERTAKER John A. Moran | ADDRESS 3000 E. Baltimore |

Spec.—1-10-21—M&T—1500 Blks.

E 34571

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34571

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Homewood Apt.

CITY OF BALTIMORE: (No. Charles & 31st ST.) 12-5-01 00 WARD)

2-FULL NAME Joseph Armstrong Grindall

(a) RESIDENCE NO. Charles & 31st ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or ~~Divorced~~, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Late Rhea M. Grindall

6 DATE OF BIRTH (month, day, and year) July 18th 1841

7 AGE — Years: 86 — Months: 10 — Days: 2 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER J. T. Grindall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Eliza Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: M. Brown
(Address) Balto Md

15 Filed ..... 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from April 20 — 1928, to June 2 — 1928, that I last saw him alive on June 2 — 1928, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH was as follows: Hypertrophied prostate - pyonephrosis

Bronchopneumonia Terminal

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) J. J. Kirby M. D.

3/3, 1928 (Address) 1106 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: June 5 1928

20 UNDERTAKER: Henry H Jenkins & Son Co — ADDRESS: 6 Richard & Co Colvin

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34572

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 34572

## CERTIFICATE OF DEATH.

49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1943 W Fayette ST. 70-17 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth D. Kelley

(a) RESIDENCE No. 1943 W. Fayette ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 87 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Wm Rowe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lancaster Pa

12 MAIDEN NAME OF MOTHER: E. Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. D. T. Henderson

(Address): 1943 W. Fayette St.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6 - 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1927, to June 2, 1928, that I last saw her alive on June 2, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of kidney metastasis to liver and lung.

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James D. Atchison, M. D.

, 19 (Address) 4012 Park Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PRESBYTERIAN St Mary's, Groens — DATE OF BURIAL: June 5 1928

20 UNDERTAKER: Robert F. Jackson — ADDRESS: Calhoun Hollins Sts

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34573

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34573

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F ~~Horsman~~ Kiernan

(a) RESIDENCE No. 122 Nursery Ave Geneva N.Y. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kiernan

6 DATE OF BIRTH (month, day, and year) 7-6-1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 39 38 | 10 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Newspaper Man

(b) General nature of industry, business, or establishment in which employed (or employer) Editor. 66

(c) Name of employer Buffalo Evening News. New York

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Charles E. Kiernan

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.

12 MAIDEN NAME OF MOTHER Margaret Hart.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

14 Informant Chas F Kernan

(Address) 122 Nursery Ave Geneva N.Y.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

16 Registered by Eugene Abbey, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-28

17

I HEREBY CERTIFY, That I attended deceased from 5-26, 1928, to 6-4, 1928

that I last saw him alive on 6-4, 1928

and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver following injury to Common Bile duct - Obstructive Jaundice Post operative ileus

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-29-28

Was there an autopsy? No.

What test confirmed diagnosis? Operation?

Where? St Paul Hospital

Signed (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Geneva N.Y. DATE OF BURIAL 6-8-28.

20 UNDERTAKER Martin Fahey & Sons ADDRESS 127 W North Ave.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34574 — 182 E 34574

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Port Covington, Foot of McComas St.

City of BALTIMORE: (No. ____ St. 28-7 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Harry A. Farson.

(a) RESIDENCE NO. Frederick Ave & Maple Drive. St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, HUSBAND of (WIFE of) Lollie A. Farson.

6 DATE OF BIRTH (month, day, and year): October 31, 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 48 | 7 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) ____ (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: George W. Farson

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Emma H. Prather.

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country): Washington D.C.

14 Informant: John D. Farson. (brother.

(Address): 2702 N. Charles St.

15 Filed ____ 19 ____ Registrar

1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ____ (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Leonhardt M. D.

(Coroner)

6/4, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: June 5 1928

20 UNDERTAKER: John J. Fields ADDRESS: 1200 W. Lombard

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

E 34575

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34575

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Sharp St. WARD) 42-30

REGISTERED NO. 424

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Russel Bain

(a) RESIDENCE NO. 525 S Sharp ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~: Lillian Lee Bain

6 DATE OF BIRTH (month, day, and year): —1888

7 AGE — Years: 40 — Months: + — Days: — If LESS than 1 day, .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Chambersburg Pennsylvania

PARENTS

10 NAME OF FATHER: Charles Bain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chambersburg Pennsylvania

12 MAIDEN NAME OF MOTHER: Rosa Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chambersburg Pennsylvania

14 Informant: Rosa Butler

(Address) 524 S Sharp St

15 Filed ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/12 1928

17

I HEREBY CERTIFY, That I attended deceased from 5/26, 1928, to 6/12, 1928, that I last saw h.. alive on 6/12, 1928, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) 1 yrs. + mos — ds.

CONTRIBUTORY (Secondary)

(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Consultation

(Signed) E. W. Grandin, M. D.

6/12, 1928 (Address) 1111 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: June 14 1928

20 UNDERTAKER: J. C. Deaver & Son — ADDRESS: 703 Lanvale St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34576 E 34576

## CERTIFICATE OF DEATH.

75-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 6-10 ST., WARD)

2-FULL NAME Catherine Underwood.

(a) RESIDENCE NO. 9 W. Glover ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant BALTIMORE CITY HOSPITALS (Address) Records.

15 Filed ..., 1928 C. HAMPSON JONES, M. D. Per RFA Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/21/1928

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1924, to June 2, 1928 that I last saw ~~her~~ alive on June 2, 1928 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos 6 ds.

CONTRIBUTORY (Secondary) Rheumatic hemoplegia. ~~Intermittent~~ (duration) ? yrs. ... mos. ... ds.

~~Hypertension~~

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Exam

(Signed) C. Hampson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery. DATE OF BURIAL Jun 4 1928

20 UNDERTAKER ADDRESS

Geo. L. Routh 1735 Harford ave

Spec.—1-10-21—M&T—1500 Blks.

E 34577 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34577

CERTIFICATE OF DEATH. 66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Davis

(a) RESIDENCE NO. 213 South Castle St ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Hogg.

6 DATE OF BIRTH (month, day, and year) 3/4/1893.

7 AGE: Years 35 . Months 2 Days 27 If LESS than 1 day ~~hrs. or min.~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: not known 61

(b) General nature of industry, business, or establishment in which employed (or employer): Detection

(c) Name of employer Police Dept - Balto

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ellen Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Davis (Address) 213 S. Castle St

15 Filed June 4 1928 . 19 JAMES H. JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1928

17 I HEREBY CERTIFY, That I attended deceased from May 29 . 1928. to June 1 . 1928. that I last saw him alive on June 1 . 1928, and that death occurred, on the date stated above, at 10 55 P. m.

The CAUSE OF DEATH* was as follows:

Delerium Tremens

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intoxication

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ~~June 1 1928~~

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William Patrick O'Reda M. D.

. 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See(reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 6/5 1928

20 UNDERTAKER: George J. Pettit — ADDRESS: 1735 Harford Ave

IMPORTANT is very important. See instructions on back of certificates.

Spec.—1-19 21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34578 ✓ E 34578

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) South Balto Gen Hosp. ST., W. WARD 10

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Huber

(a) RESIDENCE NO. 5309 Harford Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 15 1882

7 AGE: Years 45 Months 70 Days 15

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: M. H. Engr.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Fredrick Huber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Juby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Charles Huber

(Address) 5309 Harford Road

15 Filed 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to June 3, 1928, that I last saw h[illegible] alive on June 3, 1928, and that death occurred, on the date stated above, at 5 50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert L. Levy M. D.

6/3/28 (Address) 800 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: June 6 1928

20 UNDERTAKER: Geo. J. Pugh

ADDRESS: 1733 Harford Ave

ATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34579

## CERTIFICATE OF DEATH.

90 E 34579

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 42 E. York St. St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore A. Drager.

(a) RESIDENCE NO. 42 E. York St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a If ~~MARRIED~~, widowed, ~~DIVORCED~~ HUSBAND of ~~WIFE~~ Annie Drager.

6 DATE OF BIRTH (month, day, and year) April 30, 1848

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 80 | 1 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar maker.

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Margaret A. Moler. (daughter)

(Address) 111 E. Randall St.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto Leonhardt, M. D.

(Coroner)

6/4 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Elder Hill Cem. June 5, 1928

20 UNDERTAKER ADDRESS

A. Howard Evans 38 E. Fort Ave

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34580

## CERTIFICATE OF DEATH.

77 E 34580

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 746 W. Saratoga St. 4-16 Ward)

2-FULL NAME Charles R. Gantt

(a) RESIDENCE NO. 746 W. Saratoga St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Gantt

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 34 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Gantt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Victoria Clark

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mary E. Gantt

(Address) 746 W. Saratora St.

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 2, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Poisoned by Carbolic Acid, Accident.

(duration) yrs. mos. ds.

(Signed) Ephraim Gelber (Coroner) M. D.

6/3, 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL National Cem. Date of Burial June 5 1928

20 UNDERTAKER John H. Joachim & Sons ADDRESS 1027 Mad Ave

4 1928 C. HARTON JONES M. D.

RRA

very important. See instructions on back of certificate. EXACT statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

# E 34581 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34581

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sullivan Rehaffer

(a) RESIDENCE NO. 645 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | W. divorced |

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ballto (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Sullivan

11 BIRTHPLACE OF FATHER (city or town) Ballto (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Ballto (State or country) Md.

14 Informant (Address) Relative.

15 Filed 5 1928, 19 H. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 / 31 / 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1928, to June 3, 1928

that I last saw h alive on June 3, 1928

and that death occurred, on the date stated above, at 10:00 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver - abdominis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Sub

(Signed) C. Sherman Gough M. D.

6/3/28, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL June 5 1928

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34582 E 34582

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 1-21 WARD)

2-FULL NAME Wesley Gordon

(a) RESIDENCE No. 1511 E. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice Gordon

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 35 | | | |

Shoem by Alley

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Oil)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wesley Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Hanis Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant BALTIMORE CITY HOSPITALS (Address) Records

15 Filed JUN 5 1928 19 C. HARRISON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2/ 1928.

17

I HEREBY CERTIFY, That I attended deceased from April 19, 1928. to June 2, 1928

that I last saw h alive on June 2, 1928

and that death occurred, on the date stated above, at 2:15 A- m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic & acute

Mitral insufficiency & stenosis

Embolism - thrombotic

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Sub

(Signed) C. Holmes Bond, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newport News Va

DATE OF BURIAL 6/5 1928

20 UNDERTAKER Edward Bryon

ADDRESS 1631 Eden St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34583

## CERTIFICATE OF DEATH.

47 E 34583

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4737 Ready ave ST.) (WARD)

2-FULL NAME Sally F. Stevens

(a) RESIDENCE. No. 4737 Ready ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Stevens

6 DATE OF BIRTH (month, day, and year): May 11 50

7 AGE: Years 73; Months; Days 23; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Hutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Anna R Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address 4737 Ready ave): Chas. H. Churchill

15 Filed JUN 5 1928 C. HAMILTON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to June 3, 1928, that I last saw h alive on June 2, 19, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronica

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia Broncho (duration) 1/2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma B Leeman M. D.

6/3, 1928 (Address) 718 N. Patterson Pk ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: June 5 1928

20 UNDERTAKER: Shamrock Funerals — ADDRESS: 1004 Argyle ave

Sec. 13 of Act requires answers to all questions to be made if obtainable. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34584 — REGISTERED NO. E 34584

1-PLACE OF DEATH: Mercy Hospital

City of BALTIMORE: (No. Mrs. Hannah Berman St. 46-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO. 640 N. Carrollton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Solomon Berman

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 75 — Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham —

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: J. Lewis

(Address): 1439 E Balto

15 Filed ....., 19.... HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1928, to June 4, 1928, that I last saw h[illegible] alive on June 4, 1928, and that death occurred, on the date stated above, at 10 55 p.m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerotic Cardio-vascular disease with Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia (lobar)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Sheldon Eastland M. D.

19..... (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon — Date of Burial: 6-5- 1928

20 UNDERTAKER: Jack Lewis, 1439 E Balto — ADDRESS

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34585

123 E 34585

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. ____ St., 13-59 Ward)

2-FULL NAME Edith Soffer

(a) RESIDENCE NO. 2519 Madison Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 14 | Months | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): ____

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town): ____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town): ____

(State or country) Russia

14 Informant: J. Lewis

(Address) 1439 E. Balto.

15 Filed JUN 5 1928 HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 29 1928, to June 5, 1928, that I last saw h[illegible] alive on June 5, 1928, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows: Bronchopneumonia, lobular

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic cholecystitis, & chronic Nephritis Arteriosclerosis - Hypertension

(duration) 8 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cedar

Date of Burial: 6-5- 1928

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balto

very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 34586

## CERTIFICATE OF DEATH.

E 34586

101-001

1-PLACE OF DEATH

Registered No. 13-59

City of BALTIMORE: (No. 2212 Morris St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Wilson

(a) Residence No. 2212 Morris St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M.

4-COLOR OR RACE: C

5-Single, Married, Widowed, or Divorced, (Write the word.): Single.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 8-20-27

7-AGE. — yrs. 9 mos. 13 ds. If LESS than 1 day, — hrs. or. — min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William Wilson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), So. C.

12-MAIDEN NAME OF MOTHER, Margaret Willis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), So. C.

14- (Informant) William Wilson

(Address) 2212 Morris St

15- Filed June 5 1928 C. HAMPTON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 6-3-28

17- I HEREBY CERTIFY, That I attended deceased from 5-31-, 1928 to 6-3-, 1928 that I last saw him alive on 6-3- 1928 and that death occurred, on the date stated above, at 3:20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) C. M. Lawrence M. D.

, 19 (Address) 1232 W. Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn cemetery — DATE OF BURIAL, June 5 1928

20-UNDERTAKER, Thomas E. Kelson — ADDRESS 1303 Presstman St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34587.

## CERTIFICATE OF DEATH.

+146 E 34587.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Edwards

(a) RESIDENCE NO. Ferndale, Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. / ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Edwards

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Billie Hall

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Herbert Edwards

(Address) Stoney Run, Md.

15 Filed JUN 5 - 19 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerpural Sepsis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Retained Placenta.

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Eugene Feller, M. D. (Coroner)

6/4/ 19 28 Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sambrills Md Date of Burial June 5 19 28

20 UNDERTAKER S. L. Brown & Son ADDRESS Md. County

Spec.—1-12-23—M&T—500 Bks.

E 34588

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34588

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balt. City Hospitals

CITY OF BALTIMORE: (No. ..... ST. 14-20 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Wagner

(a) RESIDENCE NO. 1534 Argyle ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER Jas Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.

12 MAIDEN NAME OF MOTHER Ella ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) [illegible]

15 Filed JUN 5 - 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1 1928

17 I HEREBY CERTIFY, That I attended deceased from 1/27, 1928, to 6/1, 1928,

that I last saw h[illegible] alive on 6/1, 1928

and that death occurred, on the date stated above, at 1.25 A m.

The CAUSE OF DEATH* was as follows:

Uremia (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. M. Stuck, M. D.

6-4, 1928 (Address) Balt. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL June 5 1928

20 UNDERTAKER Chas. H. Glave & Son — ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

Ramiszewski

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34589

113 E 34589

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 109 S. Ann St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelina Ramiszewski

(a) RESIDENCE NO. 109 S Ann. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 10 1927

7 AGE — Years: — Months: 6 — Days: 24 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Salt Lake City

(State or country)

PARENTS

10 NAME OF FATHER: John Ramiszewski

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Helen Rado

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Salt Lake City

14 Informant: John Ramiszewski

(Address): 109 S Ann St.

15 FILED ..... 19 28 JAMES H. JONES, M. D.

1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James H Jones M. D.

(Coroner)

6-4-1928 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial: June 5 1928

20 UNDERTAKER: J W Bazelewski ADDRESS: 1930 Eastern Av

very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34590

## CERTIFICATE OF DEATH.

21 E 34590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 1600 WARD)**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick James Jordan

(a) RESIDENCE No. 1524 N. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 1 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Preacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington N. Carolina

PARENTS

10 NAME OF FATHER Wm. Jordan

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Frances Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Hospital Record (Address)

15 Filed 6-4 1928 HARRIS JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 31, 1928, to June 4, 1928, that I last saw him alive on June 4, 1928, and that death occurred, on the date stated above, at 2 35 a. m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas

(duration) yrs. mos 10 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. I. L. Levin, M. D.

6-4, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Ben Carm

DATE OF BURIAL June 6 1928

20 UNDERTAKER Wm. H. Johnston

ADDRESS 1400 N. Carey

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34591

## CERTIFICATE OF DEATH.

57 E 34591

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1511 Hornby Broadway

CITY OF BALTIMORE: (No.) 1511 North Broadway ST.: 8 WARD)

2-FULL NAME William L. Sappington

(a) RESIDENCE. No. 1511 North Broadway ST., 8 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Isabella Sappington

6 DATE OF BIRTH (month, day, and year) July 27 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 10 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) Supplies

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md.

PARENTS

10 NAME OF FATHER John Sappington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Isabella Sappington (Address) 1511 Broadway

15 Filed JUN 3 - 1928 19 C. HARRISON JONES, M. D. Registrar

By [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1928

17 I HEREBY CERTIFY, That I attended deceased from January 2 1925 to June 2 1928

that I last saw him alive on June 2 1928

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown Diabetes Mellitus (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Suspected Test

(Signed) A. A. Macdonald, M. D.

June 4 1928 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Balto Cem. | 6/5 1928 |
| 20 UNDERTAKER Philip J. Herwig | ADDRESS 2016 Orleans |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34592

## CERTIFICATE OF DEATH.

E 34592

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3404 Gough St. 26 Ward)

2-FULL NAME Philip A. Rolfes

(a) RESIDENCE NO. 3404 Gough St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Marie Rolfes.

6 DATE OF BIRTH (month, day, and year) Aug. 18th 1894

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 33 | 9 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Anthony Rolfes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Eatle. Mueller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Herman A. Rolfes Bro.

(Address) 411 N. Eutaw St.

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

Thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cpl. TB.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

(Signed) C. C. Hades M. D.

(Coroner)

6/7, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial June 6th 1928

20 UNDERTAKER Lilly & Green Inc. ADDRESS 403 S. Wolfe St

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

2176 55

# HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

## CERTIFICATE OF DEATH

E 34593

E 34593

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 1-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hazel Stacks

(a) RESIDENCE NO. 231 S - Wolfe ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-18-24

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 5 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Frank Stacks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Mary Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 5 - 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 - 28

17

I HEREBY CERTIFY, That I attended deceased from May 30, 1928, to June 4, 1928, that I last saw h. alive on June 4, 1928 and that death occurred, on the date stated above, at 3 15 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis - influenzal.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Culture Spinal fluid

(Signed) Allan Blackwood, M. D.

, 19 (Address) The Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary Cemetery | June 6 1928 |
| 20 UNDERTAKER Lilly & Zieve | ADDRESS 403 S Wolfe St |

Spec.–7-17-26—A Co.—200 Bks.

E 34594

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74002 E 34594

1-PLACE OF DEATH University Parkway Rolandave REGISTERED NO.

City of BALTIMORE: (No.) Chadford Aparts. St., 2747 Ward). (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Porter Sampson

(a) RESIDENCE NO. Chadford Aparts. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Squire Sampson

6 DATE OF BIRTH (month, day, and year): Nov 3. 1843

7 AGE: Years 84 Months 7 Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Alabama (State or country)

PARENTS

10 NAME OF FATHER James W. Porter

11 BIRTHPLACE OF FATHER (City or town) Tenn. (State or country)

12 MAIDEN NAME OF MOTHER Susan M. Frances

13 BIRTHPLACE OF MOTHER (city or town) Tenn. (State or country)

14 Informant Laura E. Sampson (Address) Chadford Aparts

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1928

17 I HEREBY CERTIFY, That I attended deceased from ..... 1923 to June 3 1928

that I last saw h[er] alive on June 3 1928

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Geo. M. Stone M. D.

6/4. 1928 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: June 5. 1928

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Place

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34595

## CERTIFICATE OF DEATH.

37

E 34595

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., (4-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome Saffield

(a) RESIDENCE No. 1016 E. Preston st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 30 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Saffield

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Stevens

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant
(Address)

15 Filed ..... 19.. HAMILTON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1928, to June 3, 1928, that I last saw h in alive on June 3, 1928, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insuf.

Duration ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) L. E. Madden, M. D.

6-3-1928 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | June 6 1928 |
| 20 UNDERTAKER George J. Smith | ADDRESS 1632 Hollins St |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34596
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 34596
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 729 E. 23rd St St., 4-11 Ward)

2-FULL NAME Belinda Rohe

(a) RESIDENCE NO. 729 E.23rd St St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John J. Rohe

6 DATE OF BIRTH (month, day, and year) June 19/1853

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 74 | 11 | 16 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Augustin France
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md
12 MAIDEN NAME OF MOTHER Blaking
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Miss Marion Thompson
(Address) 729 E. 23rd St

15 Filed....., 19 C. HAMPSON JONES, M. D.
5-1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 4/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J S Kolter M. D.
(Coroner)
5/5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar M E Church Date of Burial June 19 28
20 UNDERTAKER Baltimore Md ADDRESS 2238 W North
W M Roulson

Very Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34597

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34597

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Penitentiary Hospital Registered No.

City of BALTIMORE: (No. ..... St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Prestley Whidemon

(a) Residence No. Maryland Penitentiary St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Whidemon

6-DATE OF BIRTH (month, day and year) Aug 9 1896

7-AGE. 31 yrs. 9 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. W. Alexander

9-BIRTHPLACE (city or town) (State or Country), Mc Cormick S. C.

PARENTS.

10-NAME OF FATHER, Prestley Whidemon

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Mc Cormick S. C.

12-MAIDEN NAME OF MOTHER, Carrie Ford

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Mc Cormick S. C.

14- (Informant) Elizabeth Whidemon

(Address) 312 E. 23rd St Balto Md

15- Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 4, 1928

17- I HEREBY CERTIFY, That I attended deceased from May 26 ..... 19 28 to June 4 ..... 19 28

that I last saw him alive on June 4 ..... 19 28

and that death occurred, on the date stated above, at 1.45 P ..... m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas Lowe Edmunds M. D

, 19 (Address) 2746 Alameda Blvd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetery

DATE OF BURIAL, June 8th 19 28

20-UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1923 Ashland Ave

Spec.—2-29-28—1. F. S.—500 Bks.

214 E 34598

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47

E 34598

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 4-17 (WARD)

2—FULL NAME Susie Jackson

(a) RESIDENCE NO. 1927 Asquith ST., St — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Married |

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James —

6 DATE OF BIRTH (month, day, and year) Unknown 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va —
(State or country)

PARENTS

10 NAME OF FATHER Logan Harrison

11 BIRTHPLACE OF FATHER (city or town) Va —
(State or country)

12 MAIDEN NAME OF MOTHER Emma Beasley

13 BIRTHPLACE OF MOTHER (city or town) Va —
(State or country)

14 Informant Reads —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June - 4 - 28

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to June 4, 1928, that I last saw her alive on June 4, 1928 and that death occurred, on the date stated above, at 4 25 a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia, myocardial insufficiency + cardiac collapse, terminal.

..... (duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of breast, probably

..... (duration) ....yrs. 8 mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 18, 1928

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy Operation

(Signed) J. D. Hart M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Auburn | June 7th 1928 |
| 20 UNDERTAKER Mrs. P. G. Elliott | ADDRESS 1325 Ashland Ave |

Spec.–7-17-26—A Co.—200 Bks.

E 34599

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46 E 34599

REGISTERED NO.

1-PLACE OF DEATH 417 N. Dallas St.

City of BALTIMORE: (No. 417 St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Rucker

(a) RESIDENCE NO. 412 N. Dallas St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Rucker

6 DATE OF BIRTH (month, day, and year): June 23 - 1903

7 AGE: Years 24 (25) Months 11 Days 9 (13) IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Wesley

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country):

12 MAIDEN NAME OF MOTHER: Susie Gordon

13 BIRTHPLACE OF MOTHER (city or town): S. C.

(State or country):

14 Informant: Susan Wesley

(Address) 412 N. Dallas St.

15 Filed ....., 19.....

C. HAMILTON ..... Registrar

Per .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-2-1928

17 I HEREBY CERTIFY, That I attended deceased from 3-26, 1928, to 6-2-28, 19....., that I last saw h[illegible] alive on 6-2-28, 19....., and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs....mos....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler M. D.

. 19 (Address) 425 N. Carlin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Date of Burial June 5, 1928

20 UNDERTAKER: Mrs. M. Elliott ADDRESS 1725 Eastlund Ave

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34600

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 743 Little George ST. 17-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin H Bradley

(a) RESIDENCE NO. 743 Little George ST., WARD

(Usual place of abode)

length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura A Bradley

6 DATE OF BIRTH (month, day, and year) July 25 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 69 | 11 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Laura Bradley (Address) 743 Little George

Filed JUN 5 1928 HARRY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/30 1928, to 6/2 1928, that I last saw him alive on 6/2 1928, and that death occurred, on the date stated above, at 1120 P m.

The CAUSE OF DEATH* was as follows:

Edvocative Nephritis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman M. D.

, 19 (Address) 856 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion cem

DATE OF BURIAL June 5 1928

20 UNDERTAKER Leonard Wheeler

ADDRESS 698 Pierce St

Cor.—12-9-25—A Co.—200 Bks.

E 34601

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

197 E 34601

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 11-15 Ward)

2-FULL NAME Clifton Stevenson Brown

(a) RESIDENCE NO. 1015 North Calvert St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Tupper

6 DATE OF BIRTH (month, day, and year) May 14, 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | 10 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Sebastian Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard County, Md.

12 MAIDEN NAME OF MOTHER Susan S. Clifton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mrs. Katherine T. Brown

(Address) 1015 N. Calvert St.

Filed JUN 5 - 1928 19 C. HUMSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 / 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage, Heart & Lungs Caused by pistol shot wound in heart.

Homicide

CONTRIBUTORY (Secondary) Gun wounds (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

Jones (Signed) C. H. Jones M. D.

(Coroner)

19 24 (Address) 10 E. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 6/6 19 28

UNDERTAKER Henry W. Brearley Son ADDRESS 1534 Calvert St.

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34602

E 34602

## CERTIFICATE OF DEATH.

REGISTERED NO. 10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 25-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo Mc Sudden

(a) RESIDENCE—No. St Agnes Hospital City ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Rider

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer St. Agnes Hospital

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Francis Mc Sudden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Kate Cassidy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mae Mc Sudden

(Address) St Agnes Hospital City

15 Filed ....., 19.... [illegible] JONES Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 3 - 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-30, 1928, to 6-3, 1928, that I last saw him alive on 6-3-, 1928 and that death occurred, on the date stated above, at 4 00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed Aloysius J. Von Schrilz M. D.

(Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 6/6 1928

20 UNDERTAKER Henry U. Mears Inc.

ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34603

## CERTIFICATE OF DEATH.

E 34603

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4203 Sumner St Pl. St., WARD)

2-FULL NAME Charles K. Posey

(a) RESIDENCE NO. 4203 Sumner Pl St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. C. P. Posey

6 DATE OF BIRTH (month, day, and year): Dec 9 1874

7 AGE: Years 53 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Agt.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Jamestown, Kentucky

PARENTS

10 NAME OF FATHER: James M. Posey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Lynda Montfort

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kentucky

14 Informant (Address): Self Union Memorial Hospital

15 Filed 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to June 4, 1928, that I last saw h[illegible] alive on June 4, 1928 and that death occurred, on the date stated above, at 3 50 P m

The CAUSE OF DEATH* was as follows:

Chronic Appendicitis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary - Central Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 31 28

Was there an autopsy? No

What test confirmed diagnosis? None except clinical findings

(Signed) Wallace Swarthout M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: 6-6 1928

20 UNDERTAKER: Henry W. Jenkins & Sons Co

ADDRESS: Orchard & McCulloh

JUN 5 1928 [illegible] JAMES, M. Registrar

Spec.—2-29-28—L. F. S.—800 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34604

## CERTIFICATE OF DEATH

46 E 34604

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 S. Potomac ST. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Kolb

(a) RESIDENCE NO. 734 S Potomac ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? 30 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Kolb

6 DATE OF BIRTH (month, day, and year) Not Known

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Albert Marilek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Emma Kuta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Phillip Kolb

(Address) 734 S. Potomac St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3/28

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1927 to June 3, 1928, that I last saw h[illegible] alive on June 2, 1928 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, Uterus Bladder & Rectum

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tissue Examined

(Signed) E. Howard Donaldson, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart Cem. | June 7 1928 |
| 20 UNDERTAKER Frank Brockton | ADDRESS 1906 Eastern Ave |

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34605

## CERTIFICATE OF DEATH.

160 E 34605

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N Wolfe ST. 7-13 WARD)

2-FULL NAME Bernice Jones

(a) RESIDENCE NO. 1013 N Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 49 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Apr 13, 1928

7 AGE: Years | Months: 1 | Days: 52 21 | If LESS than 1 day, ....hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Albert Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Warrington Va

12 MAIDEN NAME OF MOTHER: Myrtle Byers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Myrtle Jones (Address) 16 B N Wolfe St

15 Filed JUN 5 - 1928 C. BAMSON JONES Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/4/28 19

17 I HEREBY CERTIFY, That I attended deceased from 6/3/28, 19, to 6/4/28, 19, that I last saw h[illegible] alive on 6/3/28, 19, and that death occurred, on the date stated above, at 2 50 a m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alb Sharp, M. D.

6/5/28 (Address) 706 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: June 5 1928

20 UNDERTAKER: [illegible] 1725 [illegible] Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34606

## CERTIFICATE OF DEATH.

100 001 E 34606

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No.) St Joseph's Hospital (ST.) 46 (WARD)

2-FULL NAME Elizabeth Phyllis Bleach

(a) RESIDENCE No. 2111 East Oliver ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29-1916

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 11 | | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Volmer E Bleach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Genevieve France

12 MAIDEN NAME OF MOTHER Maryland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Volmer Bleach

(Address) 2111 E Oliver

15 Filed 192 . 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1928

17

I HEREBY CERTIFY, That I attended deceased from June 2 .1928. to June 4 .1928.

that I last saw her alive on June 4 .1928.

and that death occurred, on the date stated above, at 7 20 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia; Pregnancy 3 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) William Patrick O'Rudy, M. D.

6/4 1928 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL June 7 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Monument

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34607

E 34607

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 8-17 WARD)

2-FULL NAME Victoria Rudel

(a) RESIDENCE NO. 2630 E. Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Rudel

6 DATE OF BIRTH (month, day, and year) Aug 27, 1898

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | 9 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Haven Conn

PARENTS

10 NAME OF FATHER Michael Cussman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry C. Rudel

(Address) 2630 E. Hoffman

15 Filed 192 . 19 Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1928

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1928, to June 4, 1928,

that I last saw h PY alive on June 4, 1928,

and that death occurred, on the date stated above, at 9 20 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardiovascular disease

(duration) 17 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 5 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Lewis Gibbs Taylor M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cemetery

DATE OF BURIAL 6/6 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Hoffman

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34608

## CERTIFICATE OF DEATH.

E 34608

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 930 Lanvale St. (Ward) 18-26

2-FULL NAME Maryanna Wells

(a) RESIDENCE NO. 930 Lanvale St. WARD .....
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov. 30/27

7 AGE — Years: — Months: 6 Days: 4 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Leander Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Anna Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant Clarence Wells
(Address) 930 N Lanvale St

15 Filed ....., 19 .....
1926 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 28

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to June 4, 1928.

that I last saw her alive on June 4, 1928

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Dr. [illegible], M. D.

....., 19 (Address) 1701 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: June 6, 1928

20 UNDERTAKER: Mr Kates R Williams — ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Bks.

E 34609

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34609

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST.) WARD)

2-FULL NAME Jacob Washington

(a) RESIDENCE NO. 801 N Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Lewis Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Santania Mozeley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant

(Address)

15 Filed 1928, 19 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-29, 1928, to 6-1, 1928

that I last saw him alive on 6-1, 1928

and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH* was as follows:

Empyema Right Antrum

Pneumonia Lobar

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Staphylococcus Diphtheria

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-29-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab

(Signed) L Blackwell M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND JUN 5 1928

Spec.—1-12-23—M&T—500 Bks.

E 34610

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34610

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 711 Linwood Ave ST. 7-53 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas L. Eichelberger

(a) RESIDENCE NO. 711 Linwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 7 mos. 24 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Eichelberger

6 DATE OF BIRTH (month, day, and year) Oct. 10, 1894

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 33 | 7 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nelson L. Eichelberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Joanna E. Hafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Helen Eichelberger

(Address) 711 Linwood Ave

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1928.

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1928. to June 4, 1928.

that I last saw him alive on June 4, 1928.

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Thrombosis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward P. [illegible], M. D.

June 5 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lorraine | June 7 1928. |

20 UNDERTAKER Horace F. Burgee ADDRESS 363 Falls Rd.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34611

## CERTIFICATE OF DEATH.

90

E 34611

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 2122 Mulberry ST. 70-W (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Messenger

(a) RESIDENCE NO. 2122 Mulberry WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Casper Messenger

6 DATE OF BIRTH (month, day, and year) Jan 8 1853

7 AGE Years 75 Months 4 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Mathew Dunler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anne Unger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary A Messenger

(Address) 2122 Mulberry

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 3, 1928, that I last saw h alive on June 2, 1928, and that death occurred, on the date stated above, at 9.57 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M. D.

6/4 1928 (Address) 707 N Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 6/6 28

20 UNDERTAKER Geo A Farley ADDRESS Fulton & Fayette

BARTSON JONES

Cor.—12-9-25—A Co.—200 Bks.

E 34612

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34612

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 505 Pennsylvania Ave 7-16 Ward)

2-FULL NAME Ottilia Leist

(a) RESIDENCE NO. 505 Penna Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Leist.

6 DATE OF BIRTH (month, day, and year): April 10-1846

7 AGE — Years: 82 — Months: 1 — Days: 24 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Germany.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Wm D. Leist

(Address) 2111 Lake Ave

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 3rd 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Leuth M. D.

Jan 3rd, 1928 (Address) Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — Date of Burial: 6/6 1928

20 UNDERTAKER: Engle & Fahey — ADDRESS: Fulton & Fayette

Cor.—12-9-25—A Co.—200 Bks.

E 34613

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X|8 E 34613

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mer. Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kohler

(a) RESIDENCE NO. 119 Balto Av. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W. | S. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6 1904

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 24 | 3 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) U.S.

PARENTS

10 NAME OF FATHER Harry Kohler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ..... 19 1928 JUN 5

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic amputation left leg, And other injuries

2 days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock. (duration) ..... yrs. ..... mos. ..... ds.

June 5 1928 (Signed) W. T. Reily (Coroner) M. D.

(Address) 1679 Brandon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 2 days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lowell Mass Date of Burial 6/5 1928

20 UNDERTAKER Geo A Farley ADDRESS Fulton & Lyndale

Cor.—12-9-25—A Co.—200 Bks.

E 34614

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34614

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bon Secour Hospital St. _____ Ward)

2-FULL NAME Martha Hewson

(a) RESIDENCE NO. Ellicott City Md St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 12, 1909

7 AGE — Years: 19 — Months: 5 — Days: 24 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: E. Pound.

9 BIRTHPLACE (city or town): Ellicott City

(State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel Henson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah J. Webb.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Hospital Records

(Address)

15 Filed _____, 19____ 1926 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema of Lungs
Typhoid-Pneumonia

(Duration) 1 yr. 1 hr.

CONTRIBUTORY (Secondary) Acute Respiratory

(Duration) ____ yrs. ____ mos. ____ ds.

June 5 1928 (Signed) J. C. Hampson Jones M. D.

(Coroner)

, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cem. Date of Burial: June 8 19 28

20 UNDERTAKER: Easton Sons ADDRESS Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

E 34615

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34615

## CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 332 N Carrollton Ave (Div.) 6-16 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie B. Henderson

(a) RESIDENCE NO. 332 N. Carrollton Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John Henderson

6 DATE OF BIRTH (month, day, and year): May 16, 1876

7 AGE: Years 52 Months Days 18

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): Seamstress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Fortune

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): John Henderson Husband 1502 E Monument St

15 Filed 1928 . 19 ... Registrar RKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1928

17

I HEREBY CERTIFY, That I attended deceased from May 20 . 1928 . to June 3 . 1928 .

that I last saw h[illegible] alive on June 2 . 1928 .

and that death occurred, on the date stated above, at 10 30 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hemmorrhage Rectum

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 1 yr ago.

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: 6/6/1928

20 UNDERTAKER: Jos. T. H. Rochester

ADDRESS: 1712 Jefferson

Spec.—1-12-23—M&T—500 Bks.

34616

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34616

## CERTIFICATE OF DEATH.

X 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 4-30 WARD)

2-FULL NAME Henry Ziegler

(a) RESIDENCE NO. Harrisonville, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Ziegler

6 DATE OF BIRTH (month, day, and year) 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | - | - | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo Ziegler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Geo. Ziegler, Ednor, Md.

(Address)

15 Filed 132 , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1928

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to June 5, 1928, that I last saw him alive on June 5, 1928, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic nephritis

Senility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 5-23-28

Amputation of leg due to gangrene

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Sherman S. Jarrett, M. D.

6-5, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wards Chapel Cemetery DATE OF BURIAL June 7 1928

20 UNDERTAKER Weller Bros Inc ADDRESS Ephrata Md

Spec.—1-12-23—M&T—500 Bks.

E 34617

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001 E 34617

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3315 Winterbourne Road (ST.) 15-67 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida I Fay

(a) RESIDENCE No. 3315 Winterbourne Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles F Fay

6 DATE OF BIRTH (month, day, and year) 2/25/61

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 3 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER George W Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Gootee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Stella Reuling.

(Address) 3315 Winterbourne Rd

15 Filed , 19 1928 BCH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1928

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 5, 1928

that I last saw h W alive on June 4, 1928

and that death occurred, on the date stated above, at 2150 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Emphysema

(duration) 10 ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry L. Tolson M. D.

6/5, 1928 (Address) 1315 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 6/7/28 19

20 UNDERTAKER John T. Lahey & Sons

ADDRESS 318 Light St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 34618

## CERTIFICATE OF DEATH.

E 34618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 Beechdale Road ST. 27-53 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bishop Luther Barton Wilson

(a) RESIDENCE NO. 12 Beechdale Road ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? 71 yrs. 6 mos. 20 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa J.Wilson

6 DATE OF BIRTH (month, day, and year) Nov-14-1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 6 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bishop of the 018

(b) General nature of industry, business, or establishment in which employed (or employer) Methodist Episcopal

(c) Name of employer Church

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry M.Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.Co., Maryland

12 MAIDEN NAME OF MOTHER Eliza K.Hollingsworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co., Maryland

14 Informant Mrs.Louisa J.Wilson (wife)

(Address) 12 Beechdale Road

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 4 1928

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to June 4, 1928, that I last saw him alive on June 4, 1928, and that death occurred, on the date stated above, at 11-15 P. m

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency
Pulmonary Edema

Angina Pectoris (duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Arterio-Sclerosis (duration) 20 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? New York City

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Gibson Forster, M. D.

6/5, 1928 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: June-7-28 19

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr. Pillsbury 602 E 27th St

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34619

## CERTIFICATE OF DEATH

129

E 34619

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 625 St. John's Road (STREET OR AVENUE) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma A. Shoemaker

(a) RESIDENCE NO. 625 St. John's Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? Life yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

5 ~~Single, Married, Widowed or Divorced~~ (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Shoemaker

DATE OF BIRTH (month, day, and year): Aug 17 1848

AGE: Years 79 | Months 9 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Westminster Md

10 NAME OF FATHER: Charles A Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Tanney Town Md

12 MAIDEN NAME OF MOTHER: Susan Waltham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chester Town Md

Informant: Alma L. Shoemaker

(Address) 625 St. John's Road

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4/28

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to June 4, 1928, that I last saw her alive on June 3rd, 1928, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Tests

(Signed) Wm. J. Pillsbury, M. D.

June 5, 1928 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Cem't — DATE OF BURIAL: June 6 1928.

20 UNDERTAKER: William Lee — ADDRESS: 5 & E Main

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34620
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 34620

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 1461 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Lattin

(a) RESIDENCE No. 3213 Belair ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm O Lattin

6 DATE OF BIRTH (month, day, and year) ? 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 77 76 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Martin Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Wehrmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto ? Md

14 Informant

(Address) Records.

15 Filed 1928 H. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/1928

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928 to June 4, 1928

that I last saw her alive on June 4, 1928

and that death occurred, on the date stated above, at 6 00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic + acute

Arteriosclerosis

& hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross + Symp.

(Signed) C. Holmes Smith, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 6/6 1928

20 UNDERTAKER W. F. Cook

ADDRESS 502 Ellwood Ave

E 34621

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34621

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITAL ST., 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Barnett

(a) RESIDENCE No. 318 S. Paris ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bessie Barnett

6 DATE OF BIRTH (month, day, and year) Aug. 22, 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 9 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wash. D C

14 Informant Records.

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8/1928

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1928 to June 4, 1928

that I last saw him alive on June 4, 1928,

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gram + Smear.

(Signed) C. Stevens Long, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wm Calvert

DATE OF BURIAL 6/8/1928

20 UNDERTAKER Wm Cook

ADDRESS 507 E Madison St

Spec.—1-12-23—M&T—500 Blks.

E 34622

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

89 E 34622

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 E Oliver st. ST., 8-17 WARD)

2-FULL NAME Mary A. Michel.

(a) RESIDENCE NO. 2017 E. Oliver st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John B. Michel

6 DATE OF BIRTH (month, day, and year): July 19 1864

7 AGE: Years 63; Months 10; Days 15; If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Halbmyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Erdine Halbmyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John E. Michael. (Address) 2017 E. Oliver st.

15 Filed ..... 19 ..... HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to June 4, 1928, that I last saw her alive on June 3, 1928 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Angina Pectoris

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Albert Singewald, M. D.

6/5, 1928 (Address) 1613 E Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemy.

DATE OF BURIAL: June 6 1928

20 UNDERTAKER: Geo. J. Ruth.

ADDRESS: 1735 Hayford ave

Spec.–7-17-26—A Co.—200 Bks.

4623

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34623

## CERTIFICATE OF DEATH

129

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 77 Sarah ann St., 4-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hall

(a) RESIDENCE NO. 77 Sarah ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Hall

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 43 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balt city

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (City or town): "

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Rachael Hall

(Address) 77 Sarah ann

15 Filed C. H. [illegible] JONES, M. D. Registrar

JUN 6 - 1928 By [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 1 19 28 to June 3 19 28

that I last saw him alive on June 2 19 28

and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Chron. Parenchymatous Nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Chron. Myocarditis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) Jas. L. Hooper, M. D.

6-5, 1928 (Address) 812 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

Date of Burial: May 7 1928

20 UNDERTAKER: Leonard Whalen

ADDRESS: 298 pierce st

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34624
1-PLACE OF DEATH

40 E 34624
REGISTERED NO.

CITY OF BALTIMORE: (NO. BALTIMORE CITY HOSPITALS ST. 17-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert D Wisner.

(a) RESIDENCE NO. 613 George ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | ? |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Charles D Wisner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

PARENTS

14 Informant BALTIMORE CITY HOSPITALS
(Address) Reservoir

Filed 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5/ 1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928 to June 5, 1928
that I last saw him alive on June 5, 1928
and that death occurred, on the date stated above, at 11:25 A. m.
The CAUSE OF DEATH* was as follows:
Myocarditis, chronic + acute
Arteriosclerosis
Hypertension
(duration) yrs. 4 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? General + Sub.
(Signed) C. [illegible] Guy, M. D.
, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Glyndon, Md. White Rock Cemetery. | June 8, 1928 |
| 20 UNDERTAKER | ADDRESS |
| C M Metz. | Winfield, Md. |

Spec.—5-19-28—M. & T.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

C 34625 C 34625

## CERTIFICATE OF DEATH.

REGISTERED No. C 42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Druid Apts. Mt Royal & Reservoir St. ST. 1357 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexandra Hamilton Owens

(Residence in Baltimore: No. Druid Apartment – Mt Royal Ave & Reservoir 79 yrs., 5 mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. unknown (Month) (Day) 1852 (Year)

7-AGE. 76 yrs. ? mos. ? ds. If LESS than 1 day, ....hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. James Owens

11-BIRTHPLACE OF FATHER (State or Country). West River a.a. co Md.

12-MAIDEN NAME OF MOTHER. Catherine Hamilton

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. N. C. Hanes

(Address) Druid Apts. Mt Royal & Reservoir Sts

15- Filed ... 192 ... 191 ... HARRISON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 4, 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1926, to June 4 1928, that I saw her alive on June 4 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Operation for Carcinoma of the right breast. Any subsequent metastasis impossible in Operable Cases of long existence and in ours

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas Leslie Reisinger M. D.

June 5, 1928. (Address) 81 E Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. June 6, 1928.

20-UNDERTAKER. Kenny & Jenkins Sons Co ADDRESS. McCulloh & Orchard Sts.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34626

## CERTIFICATE OF DEATH.

161-091

E 34626

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 W. Biddle ST., 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Martin

(a) RESIDENCE NO. 422 W. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-4-28

7 AGE — Years — Months — Days — If LESS than 1 day, 8 hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name nf employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James Wilson Martin

11 BIRTHPLACE OF FATHER (city or town) Cambridge Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Tolson

13 BIRTHPLACE OF MOTHER (city or town) Norfolk, Va.
(State or country)

14 Informant
(Address)

15 Filed . . 19 HARRISON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-4, 1928, to 6-4, 1928 that I last saw h[illegible] alive on 6-4, 1928 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity - Congenital atelectasis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dwight Reynolds, M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University Hospital — DATE OF BURIAL: 6-4 1928

20 UNDERTAKER — ADDRESS

Spec. -7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34627 148 E 34627

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Provident Hospital REGISTERED NO.

City of BALTIMORE: (No. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Elizabeth Johnson

(a) RESIDENCE NO. Lochin rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 23 - 1908

7 AGE: Years 19 Months 3 Days 11

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt. Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Henry Johnson

(Address) [illegible]

15 Filed 6-1928 [illegible] JAMES H. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 5 - 28

17 I HEREBY CERTIFY, That I attended deceased from 5-28, 19 28, to 6-5-28, 19, that I last saw h[illegible] alive on 6-5-28, 19, and that death occurred, on the date stated above, at 5 15 a. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Eclampsia

Post-Operative Shock.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6/4/28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) W. Brittle, M. D.

, 19 (Address) 925 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. Date of Burial 6/6/28

20 UNDERTAKER: Edmund Beasley ADDRESS 1[illegible] Mt.

4 Spec.—1-10 21 M&T 1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34628

## CERTIFICATE OF DEATH.

90 E 34628

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1201 N. Broadway ST., 4-13 (WARD)

2-FULL NAME Virginia E. Pitts

(a) RESIDENCE NO. 1201 N Bdway ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26-1860

7 AGE: Years 67 | Months 10 | Days 9 | If LESS than 1 day, ..... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HH

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond County Va

PARENTS

10 NAME OF FATHER Harriet Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond County Va

12 MAIDEN NAME OF MOTHER Mildred Sydnor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Co Va

14 Informant: Mrs Ida Pitts

(Address) 1201 N. Broadway

15 Filed 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/5, 1928, to 6/5, 1928.

that I last saw her alive on 6-5, 1928

and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) ..... yrs. 30 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical test

(Signed) D. Paul Miller Sign M. D.

6/5, 1928 (Address) 1560 N Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond County Va

DATE OF BURIAL: June 6 1928

UNDERTAKER: Henry Lutz

ADDRESS 1203 N Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14623 E 34629 — CERTIFICATE OF DEATH — 40 E 34629

1—PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — REGISTERED NO.

CITY OF BALTIMORE: (No. ____ ST., 7-4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Mill

(a) RESIDENCE NO. Front Royal Va ST., ____ WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5 ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

| AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| 67 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER ? Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

Filed ____, 19__ [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5-1928

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1928, to June 5, 1928, that I last saw him alive on June 5, 1928 and that death occurred, on the date stated above, at 5 pm m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic endocarditis.
Mitral Stenosis & Insufficiency
Bacterial endocarditis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Raymond Wise, M. D.

6/5, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Front Royal Va | June 6 1928 |
| 20 UNDERTAKER | ADDRESS |
| John F Denny | 715 Lig St |

Spec.—1-12-23—M&T—500 Bks.

# E 34630 HEALTH DEPARTMENT—CITY OF BALTIMORE

47 E 34630

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 Mc Mechen ST. 14-20 WARD)

2-FULL NAME Mary A. Sellman

(a) RESIDENCE No. 131 Mc Mechen ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (a) ~~HUSBAND~~ of (b) WIFE of Louis M. Sellman

6 DATE OF BIRTH (month, day, and year) Dec 6 - 1854

| 7 AGE | Years | Months | Days 28 | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 5 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Kellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Louis M. Sellman
(Address) 131 Mc Mechen

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1927 to June 4 1928

that I last saw her alive on June 4 1928

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma R. Lung.

(duration) yrs. mos 90 ds.

CONTRIBUTORY (Secondary) Carcinoma R. Breast Amputation (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Path & Spec.

(Signed) [illegible] M. D.

6/5 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Cem. DATE OF BURIAL June 7/28

20 UNDERTAKER Josiah Syfer ADDRESS 1600 W. North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34631

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

160 E 34631

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 653 W. Lee St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Baby Jenkins

(a) Residence No. 653 W. Lee St., ..... Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. — ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 5 1926

7-AGE, ....yrs. 1 mos. ....ds. If LESS than 1 day, ....hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) ..... (State or Country), Md

PARENTS.

10-NAME OF FATHER, Cyrus Jenkins

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Md

12-MAIDEN NAME OF MOTHER, Hattie Wilson

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Md

14- (Informant) Hattie Wilson

(Address) 653 W. Lee St

15- [illegible] 6 1928 C. HAMPTON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 5, 1928

17- I HEREBY CERTIFY, That I attended deceased from May 22 in 1928 to June 5 1928

that I last saw h..... alive on June 5 1928

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? —

(Signed) J. A. Goode M. D.

, 19 (Address) 501 W. Hamburg St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt. Zion Ct — DATE OF BURIAL, June 6, 1928

20-UNDERTAKER, J. L. Brown & Son — ADDRESS 108 N. Mount St

pec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

21478 E 34632 — 74001 E 34632

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 5-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Stephens

(a) RESIDENCE NO. 36 N. Caroline ST., ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., If foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 7-11-92

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 35 36 | 10 | 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) S. Car.
(State or country)

10 NAME OF FATHER Washington Stephens

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 28

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to June 3, 1928,

that I last saw him alive on June 3, 1928

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Cardiorenal hypertensive disease & uremia & cerebral hemorrhage.

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary) .....

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) S. G. Stewart, M. D.

, 19 (Address) J. H. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Asbury cemetery | June 6 19 28 |
| 20 UNDERTAKER Edward Bryan | ADDRESS 163 Wilkens st |

E 34633

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34633

74-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 W. 25th St. 12-51 ST., WARD)

2-FULL NAME Mary Elizabeth Jenkins

(a) RESIDENCE NO. 30 W. 25th St. ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 11y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27th 1842

7 AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 86 | 10 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER W. H. Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co Md

12 MAIDEN NAME OF MOTHER Laura Rich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co Md

14 Informant J. Tiernan (Address) 30 W 25th St

15 Filed JUN - 1926 19 HERMAN JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 19 28

17 I HEREBY CERTIFY, That I attended deceased from April 30 , 19 28 , to June 5th , 19 28 .

that I last saw h alive on June 5th , 19 28 ,

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) 1 yrs. 5 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) George H. Evans M. D.

6 , 1928 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: June 8 1928

20 UNDERTAKER: Henry Jenkins Son Co — ADDRESS: Oakland & Ma Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 34634 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34634

# CERTIFICATE OF DEATH.

6-14-29

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General Hospital (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Riordan

(a) RESIDENCE NO. 1312 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 30-1845

7 AGE: Years 83 Months 4 Days 5 If LESS than 1 day.... hrs. or.... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md.

PARENTS

10 NAME OF FATHER: Timothy Riordan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Eliz. Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Hospital Records

(Address)

Filed 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 7. 1928. to June 5 1928

that I last saw him alive on June 5 1928

and that death occurred, on the date stated above, at 11.20 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio Vascular disease

Chronic Nephritis

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. & Exam

(Signed) Louis T. Levy M. D.

6/5 1928 (Address) W. Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: June 7 1928

20 UNDERTAKER: Rita Friedfeld

ADDRESS: 914 Greenmount Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34635

E 34635

## CERTIFICATE OF DEATH.

91-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 E. Lafayette ave ST. 8-17 WARD)

2-FULL NAME Emma J. Shreis

(a) RESIDENCE NO. 1624 E. Lafayette ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 5, 1846

7 AGE: Years 82 Months 4 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry P. Shreis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Emma Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant Adam A. Shreis

(Address) 383 E. Monument ave

15 Filed 19 Registrar

No. 1926

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1927, to June 4, 1928, that I last saw h[illegible] alive on June 3, 1928 and that death occurred, on the date stated above, at 10.20 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-Sclerosis (with aphasia, amnesia & psychotic changes) (duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) General arterial sclerosis (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) Wm. R Geraghty, M. D.

June 5 1928 (Address) 2225 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: June 7 1928

20 UNDERTAKER: Robt Turner

ADDRESS 1472 N. Broadway

Spec.–7-17-26—A Co.–200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34636
1-PLACE OF DEATH

## CERTIFICATE OF DEATH

90 E 34636
REGISTERED NO.

City of BALTIMORE: (No. 103 N. Gilmor St. 19-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Brown

(a) RESIDENCE NO. 101 N. Gilmor St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Brown

6 DATE OF BIRTH (month, day, and year) May 17. 1869

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 59 | 19 | 17 |

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Anne Arundel Co Md

PARENTS

10 NAME OF FATHER Abrah. Brown

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Anne Arundel Co

12 MAIDEN NAME OF MOTHER Emaline Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Anne Arundel Co

14 Informant Julia Parker
(Address) 1032 Eutaw St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 19 29

17 I HEREBY CERTIFY, That I attended deceased from June 2, 19 29, to June 4, 19 29.

that I last saw h[illegible] alive on June 2, 19 29.

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Sign

(Signed) Jas. F. Hooper, M. D.

(Address) 812 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial June 7th 19 29

20 UNDERTAKER A. Jones

ADDRESS 111 S. Eden St

Cor.—12-9-25—A Co.—200 Bks.

E 34637

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34637

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals Ward) REGISTERED NO. 117

2-FULL NAME James E. Gibson

(a) RESIDENCE NO. 806 4 Mount St. Ward

(Usual place of abode)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 3 1917

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 15 | 8 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Odd)

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Store

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Co.

PARENTS

10 NAME OF FATHER Geo. Gibson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co.

14 Informant Emma Gibson

(Address) 806 4 Mount St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows)

Acute General Peritonitis (Post operative)

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Rupture appendix

(duration) ..... yrs. ..... mos. 5 ds.

(Signed) James M. Fenton M. D.

(Coroner)

64 · 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ½ ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 806 4 Mount St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial June 7 1928

20 UNDERTAKER Thomas E. Nelson ADDRESS 1303 Pitcairn St

Spec.—1-12-23—M&T—500 Blks.

Asbury Carley.

E 34638

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 34638

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Division St. 14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Asbury Carley.

(a) RESIDENCE NO. 1919 Division St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Carley

6 DATE OF BIRTH (month, day, and year) — 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 52 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Sinville Va

PARENTS

10 NAME OF FATHER David Carley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Melvina Lotterhouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary E. Carley

(Address) 1919 E. Division St.

15 Filed — 1920 C. H. Keller Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4 1920

17 I HEREBY CERTIFY, That I attended deceased from 6/5/17, 19 20 to 6/4, 19 20

that I last saw him alive on 6/4, 19 20

and that death occurred, on the date stated above, at 5-00 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Burkett, M. D.

6/4, 19 20 (Address) 2329 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL 6/8/20

20 UNDERTAKER Thomas E. Kelson ADDRESS 1307 Presstman

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34639

## CERTIFICATE OF DEATH.

45

REGISTERED NO. E 34639

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Bon Secours Hosp. ST. 21-24 WARD)

2-FULL NAME Rev. Bernard J. Lennon

(a) RESIDENCE NO. 761 W. Hamburg ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8-13-68

7 AGE — Years: 59 | Months: 9 | Days: 22 | If LESS than 1 day.... hrs. or.... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priest - Roman Catholic Church

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER Martin Lennon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Maria Loftus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant Miss Catherine Lennon

(Address) 761 W. Hamburg St

Filed 6 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 5 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-17- 1927 to 6-5 1928

that I last saw him alive on 6-5 1928

and that death occurred, on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Beard, M. D.

(Address) 2003 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 6/8, 1928

20 UNDERTAKER: Henry W. Mears & Son — ADDRESS: 805 N. Calvert

Cor.—12-9-25—A Co.—200 Bks.

ZAJACZEK

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34640

## CERTIFICATE OF DEATH.

E 34640

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 3-4 Ward)

REGISTERED NO. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.

2-FULL NAME John Stumpe August 31 1848

(a) RESIDENCE NO. 145 Eastern St. Ward 1868

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Sixty

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 47 Months 6 Days 6 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES M. D. Registrar

1925

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26/25

17 I HEREBY CERTIFY, That I viewed the remains deserbed above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Date of Burial 8/31 1925

20 UNDERTAKER: J. H. Stalkenstein ADDRESS 1618 Eastern Ave

JUN 6 1925

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34641

## CERTIFICATE OF DEATH.

66 E 34641

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 140 East St. St. 5-8 Ward)

2-FULL NAME Lilly May Lee

(a) RESIDENCE NO. 140 East St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | about 24 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Servant

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant _____

(Address)

15 1928 _____ Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 192

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an (Inquest, Autopsy or Inquiry) May

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) May find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. J. Reese M. D.

(Coroner)

Jun 4, 19 28 (Address) 1639 Bremerton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER [redacted] ADDRESS [redacted]

JUN 6 - 1928

UNIVERSITY OF MARYLAND

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34642

E 34642

## CERTIFICATE OF DEATH

31

1-PLACE OF DEATH

REGISTERED NO. 1147

City of BALTIMORE: (No. Providence Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Woodford

(a) RESIDENCE NO. Arnold Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/2/28

7 AGE Years Months Days: 29

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 1928 Per 19 C. HARRISON JONES, M.D. UNIVERSITY OF MARYLAND Registrar

2515 [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1928, to May 31, 1928, that I last saw her alive on May 30, 1928, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Arnold Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray Exam.

(Signed) John W. Lamb M. D.

19 (Address) Providence Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

20 UNDERTAKER [redacted] Health

ADDRESS JUN 6 - 19

For Wm. B. Woodall

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34643

## CERTIFICATE OF DEATH.

E 34643

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument & Rentalstown St. 1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isadore Siegel

(a) RESIDENCE NO. Norfolk Va St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Siegel

6 DATE OF BIRTH (month, day, and year): —

7 AGE — Years: 51 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Siegel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Annie —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Lewis

(Address) 1439 E Balt.

15 Filed 6-1928 By C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 6. 6

17 I HEREBY CERTIFY, That I attended deceased from 5-3 1928 to 6-6 1928, that I last saw h.. alive on 6-6 1928 and that death occurred, on the date stated above, at 12.50 m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Hyper Cardiac D. disease malignant ?

(duration) yrs. 10 mos. ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Byrd, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk, Virginia Date of Burial 6-6 1928

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 E Balt.

Spec.—1-10-21—M&T—1500 Bks.

Karcher

E 34644

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34644

## CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4227 Belmar Ave., Raspeburg ST. 26th WARD

2-FULL NAME Wilhelmina Karcher

(a) RESIDENCE NO. 4227 Belmar Ave., Raspeburg ST., 26th WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 6th, 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day..... hrs. or..... min. |
|---|---|---|---|---|
| | 79 | 2 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country) Maryland

PARENTS

10 NAME OF FATHER Karl Karcher

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Kahler

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Germany

14 Informant Mrs. Anna M. Cyeman
(Address) 4227 Belmar Ave., Raspeburg, Md

15 Filed 1928 C. EMERSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to June 5, 1928,

that I last saw her alive on June 5, 1928,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis and myocarditis;

Chronic Bronchitis with Bronchiectasis

many years
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) O. L. Milanian, M. D.

6/5, 1928 (Address) 5713 Belair Rd., Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gontrum Family Cemetery DATE OF BURIAL June 7 1928

20 UNDERTAKER Frederick Lassahn & Sons ADDRESS Fullerton

Spec.—1-10-21—M&T—1500 Bks.

E 34645

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34645

## CERTIFICATE OF DEATH.

REGISTERED NO. 117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital (St.) 1-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Drayer (Draayer)

(a) RESIDENCE NO. Benjies Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Draayer

6 DATE OF BIRTH (month, day, and year) Oct. 24th 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9, BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

PARENTS

10 NAME OF FATHER John P. Hellthorfer

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Lewis

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Maryland

14 Informant William F. Drayer (Address) Benjies Md

15 Filed JUN 4 1928 CHARLTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/4/28, 19 . to 6/4/28, 19 , that I last saw her alive on 6/4/28, 19 , and that death occurred, on the date stated above, at 6 45 A.m.

The CAUSE OF DEATH* was as follows:

Appendicle Abscess

CONTRIBUTORY (Secondary) Pulmonary embolis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home (duration) yrs. mos. ds.

Did an operation precede death? Yes Date of 5/5/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W Lawrence Fahey, M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL June 6 1928

20 UNDERTAKER Frank Lassahn & Sons — ADDRESS Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 34646

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34646

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1105 Sterett St., (St.) 1-1 (Ward)

2-FULL NAME Grace Elizabeth Wedel

(a) RESIDENCE NO. 1105 Sterett St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Wedel

6 DATE OF BIRTH (month, day, and year): July 22, 1881

7 AGE: 46 Years; 10 Months; 13 Days. If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: James E. Sheldon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Birkhead

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: John F. Wedel

(Address) 1105 Sterett St.

15 Filed ....., 1928 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/1928

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928 to June 4, 1928, that I last saw [illegible] alive on 6/4/28, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. 1X ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dorn, M. D.

, 19 (Address) 1227 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 6/8/28

20 UNDERTAKER: Harry A. Witzke — ADDRESS: 1531 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

E 34647

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34647

## CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E. Oliver St/ ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Smick

(a) RESIDENCE NO. 1806 E Oliver St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. (nee Kirby)

6 DATE OF BIRTH (month, day, and year) Mar.16th 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 2 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown Smick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Annie C. Smick

(Address) 1806 E Oliver St/

15 Filed 6 1928 19 C. HAMPTON [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/5 1928 to 6/5 1928

that I last saw him alive on 6/5 1928

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. mos ds

CONTRIBUTORY (Secondary) Myocarditis degenerative

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

6/6 1928 (Address) 1520 N Edward

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: 6/8/28 19

20 UNDERTAKER: Harry A Wilson

ADDRESS 1531 W Fay

Spec.–7-17-26—A Co.—200 Bks.

E 34648

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34648

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. 161-001

City of BALTIMORE: (No. Cor. Linden & Madison St., 15-15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Keenan

(a) RESIDENCE NO. 3743 N. Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Baby — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 3, 28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | | | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Frank Keenan

11 BIRTHPLACE OF FATHER (City or town) Keyser

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Laura Shelley

13 BIRTHPLACE OF MOTHER (city or town) Cumberland

(State or country) Md.

14 Informant Hospital Records

(Address)

15 Filed ..., 19 ... Registrar

6-192[illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1928, to June 6, 1928, that I last saw h[illegible] alive on June 6, 1928 and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 mo.)

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keyser W Va Date of Burial 6/6/28

20 UNDERTAKER Henry A Wetzler ADDRESS 1531 Lombard St

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34649

## CERTIFICATE OF DEATH.

59-001

E 34649

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1217 Ensor St. 10-14 Ward)

2-FULL NAME James Bernard Burke

(a) RESIDENCE NO. 1217 Ensor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23rd 1913

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 14 | 10 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nothing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country) Md

PARENTS

10 NAME OF FATHER Thomas N. Burke

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Teresa M. Mehling

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Thos. N. Burke

(Address) 1217 Ensor St

15 Filed ..... C. HARRISON JONES, M. D. Registrar

1928 by Rell

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 23rd, 1928, to June 5th, 1928, that I last saw h. alive on June 5, 1928, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Uraemia Uraemic Coma

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Hydrocephalus

(duration) 14 yrs. 10 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. E. Saunders, M. D.

6/6, 1928 (Address) 719 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Mary Cemetery Govans June 8, 1928

20 UNDERTAKER ADDRESS

Edmund W. Conklin 924 E. Eager St

Spisc.—1-10-21—M&T—1500 Bks.

(Davey)

E·34650

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34650

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 1725 WARD)

2-FULL NAME Maggie Davey

(a) RESIDENCE NO. 619 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 49 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mr Jos Wolfe

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1928, to June 5, 1928, that I last saw h[illegible] alive on June 5, 1928, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach 2 yrs

Due Myocarditis 10 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-31-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Lawrence Faherty, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Creek Va. DATE OF BURIAL: 6/7/28

20 UNDERTAKER: Daniel Easton ADDRESS: 916 Carey

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34651

## CERTIFICATE OF DEATH.

E 34651

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 234 N. Fremont Ave., St. 18-1 Ward)

2-FULL NAME Bertie L. Ruckel

(a) RESIDENCE NO. 234 N. Fremont Ave., St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Negro | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Ruckel

6 DATE OF BIRTH (month, day, and year) 1891

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 37 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Ga.

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ga.

12 MAIDEN NAME OF MOTHER Sallie Oliver

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ga.

14 Informant George Smith ( Brother)

(Address) 234 N. Fremont Ave.,

15 Filed _____, 19 _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Perinephric Abscess.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) _____

(duration) .....yrs. .....mos. .....ds.

(Signed) _____ (Coroner) _____ M. D.

6/6/ 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 6/7 1928

20 UNDERTAKER David Easton ADDRESS 916 E Baltimore

Spec.—1-12-23—M&T—560 Bks.

E 34652

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34652

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. Balto Md ST. 1-1-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Snowden

(a) RESIDENCE NO. 513 W. Lafayette St. Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE: Years 20 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Porter 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Balto City Hosp Balto Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-1928

17 I HEREBY CERTIFY, That I attended deceased from 1-8-, 1928 to 6-4-, 1928

that I last saw h[illegible] alive on 6-4-, 1928

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

1. Cardiac Dilatation

Respiratory failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ascending transverse myelitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical & Autopsy findings

(Signed) Harry F. Colmers M.D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem

DATE OF BURIAL 6/6 1928

20 UNDERTAKER Samuel Cohen

ADDRESS 946 Ca ave

Spec.—1-12-23—M&T—500 Bks.

E 34653

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34653

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Brown

(a) RESIDENCE NO. 113 Watson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1885

AGE: 43 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia.

10 NAME OF FATHER: Alfred Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

Informant

(Address): Records

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3/ 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to 6/3/, 1928, that I last saw her alive on 6/3/, 1928, and that death occurred, on the date stated above, at 10 55 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr. & acute
Hypertension
arteriosclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. Exam + Lab.

(Signed) C. Julius Olson, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 6/6 1928

20 UNDERTAKER: David T Easton

ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

34654

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34654

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No.) Caroline & Oliver St. 27-41 (WARD) 161

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Foos

(a) RESIDENCE NO. 5221 York Rd. ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 5 - 28

7 AGE — Years — Months — Days — If LESS than 1 day, 5 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.,

PARENTS

10 NAME OF FATHER Edward G. Foos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Dorothy Lonis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Edward A. Foos
(Address) 5221 York Roads

15 Filed ..... 19 28 C. HARRISON JONES, M. D. Registrar
Per RFH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 5 19 28 to June 5 19 28
that I last saw h alive on June 5 19 28
and that death occurred, on the date stated above, at 5:00 m.

The CAUSE OF DEATH* was as follows:

Premature —

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? None.

What test confirmed diagnosis?

(Signed) J. Mastagna, M. D.

19 (Address) St Joseph's

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Cathedral Cemetery — DATE OF BURIAL June 7 1928

20 UNDERTAKER Henry W. Mears & Son — ADDRESS 805 N. Calvert St.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34655 ✓ E 34655

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2023 Kilhelm ST. 10-28 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward C. Gries

(a) RESIDENCE NO. 2023 Wilhelm ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Gertrude Gries

DATE OF BIRTH (month, day, and year): May 6-1879

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 49 | | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe Packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Newark Shoe Co

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Andrew Gries

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Gertrude Gries

(Address) 2023 Wilhelm St

Filed ... 19 ... Registrar

C. HARRISON JONES M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 1928

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to June 4, 1928, that I last saw h[illegible] alive on June 4, 1928 and that death occurred, on the date stated above, at 2 30 PM

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) C. Hellen Hamman M. D.

6/6, 1928 (Address) 7000 Hollins Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Cemetery

DATE OF BURIAL: June 8 1928

20 UNDERTAKER: George Schwartz

ADDRESS: 2101 Eutaw Ave.

Spec.—1-12-23—M&T—500 Bks.

(Worry)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34656

## CERTIFICATE OF DEATH.

10 E 34656

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Eden ST. 10-13 WARD)

2-FULL NAME Richard Worry

(a) RESIDENCE No. 717 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | C. | S. |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 19 1852

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 9 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Mary Co. Md

PARENTS

10 NAME OF FATHER Richard Worry

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary Co. Md.

12 MAIDEN NAME OF MOTHER Angelina Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co. Md.

14 Informant Sylvia Johnson (Address) 717 N. Eden St.

15 1928 . 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to June 5, 1928, that I last saw h[illegible]live on June 5, 1928, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 508 Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem.

DATE OF BURIAL 6/7 1928

20 UNDERTAKER Byron & Wright 1218 Mc. & Derry

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Strickler for Coroner

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34657

## CERTIFICATE OF DEATH

91-002

E 34657

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3633 Old York Rd ST., 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah V. Burgess.

(a) RESIDENCE NO. 3633 Old York Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Spencer Burgess.

DATE OF BIRTH (month, day, and year) Dec 8-1846.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 5 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bath Md.

10 NAME OF FATHER John L Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Emeline McKane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

Informant Millie Burgess.

(Address) 3633 Old York Rd.

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5-1928

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to June 5, 1928, that I last saw h— alive on June 5, 1928 and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia.

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Blood tests

(Signed) H. Strickler, M. D.

June 6 1928 (Address.) 632 Fairmount ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 6/8 1928

20 UNDERTAKER W. H. Cook

ADDRESS 502 E North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34658

## CERTIFICATE OF DEATH

14-001

E 34658

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2454 Greenmount Ave ST., 17 WARD)

2—FULL NAME Margaret C. Gosnell

(a) RESIDENCE NO. 2454 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Gosnell

DATE OF BIRTH (month, day, and year) ? 1854

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER George Marble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs. Jane Hedges

(Address) 2454 Greenmount Ave

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1928 to June 6, 1928

that I last saw her alive on June 5, 1928

and that death occurred, on the date stated above, at 6:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hypertension Arteriosclerosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas Bodkin M. D.

, 19 (Address) 532 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Pleasant Hill Cemetery Md | 6/7 19 28 |
| 20 UNDERTAKER W. E. Cook | ADDRESS 525 E Lanvale |

Spec.—2-29-28—L. F. S.—500 lbs.

E 34659

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. E 34659

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 129 N. Highland Ave (WARD) 7 1639

2—FULL NAME Franklin J Drenner

(a) RESIDENCE NO. 129 N. Highland Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign born? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or ~~Divorced~~, (write the word) |
|---|---|---|
| male | White | Widower |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Kenan Drenner

DATE OF BIRTH (month, day, and year) Feb 7/1851

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 4 | 28 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 015

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Hagerstown Md

10 NAME OF FATHER Jeremiah Drenner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown Md

12 MAIDEN NAME OF MOTHER Susan Meyers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hagerstown Md

Informant Daisy A Rutter

(Address) 129 N Highland Ave

Filed JUN 1928 19 HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 19 28, to June 5th 19 28, that I last saw him alive on June 5th 19 28, and that death occurred, on the date stated above, at 11.20 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation

Normal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Tonsilitis and Chr. Lithiasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. Linder M. D.

6/6 1928 (Address) 3323 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | June 8 1928 |
| 20 UNDERTAKER William Cook | ADDRESS 502 Eraska |

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34660

## CERTIFICATE OF DEATH

101-021

E 34660

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clifford Downer

(a) RESIDENCE NO. 2745 Alameda Blvd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Downer

6 DATE OF BIRTH (month, day, and year) 1-4-1897

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 31 | 5 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Business Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Continental Roofing Co

(c) Name of employer

9 BIRTHPLACE (city or town) Hoboken N. J

(State or country)

PARENTS

10 NAME OF FATHER Abner Downer

11 BIRTHPLACE OF FATHER (City or town) New York

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Briggs

13 BIRTHPLACE OF MOTHER (city or town) N. York

(State or country)

14 Informant Mrs Downer

(Address)

15 Filed 6-1-1928 C. HAMILTON JONES, M. D. Registrar

per RLH.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 6-5-28

17 I HEREBY CERTIFY, That I attended deceased from 5-22-28, 19..., to 6-5-28, 19..., that I last saw h alive on 6-5-28, 19..., and that death occurred, on the date stated above, at 4.55 A m.

The CAUSE OF DEATH* was as follows:

Accidental Wire

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia Rt.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-26-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) Md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem Date of Burial June 8 1928

20 UNDERTAKER John Ulsch ADDRESS 4207 Green

Spec.—1-12-23—M&T—500 Bks.

Fisher.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34661

## CERTIFICATE OF DEATH.

90 E 34661

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 W. Fairmount Av ST.) (WARD) 20-64

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha E. Fischer

(a) RESIDENCE No. 2530 W. Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Married |

5a If married, widowed, or divorced (or) WIFE of Daniel Fischer Esq

6 DATE OF BIRTH (month, day and year) June 25 54

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 73 | 11 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jacob Stahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Ziegler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Fisher (Address) 2530 W Fairmount Ave

15 Filed ... 1928 ... 19 ... HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to June 5, 1928, that I last saw her alive on June 5, 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute rheumatism

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Myocarditis + Cardiac

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H E Krupp M. D.

June 6, 1928 (Address) 4025 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | June 8 28 |

20 UNDERTAKER A B Kippert ADDRESS 1852 Wells St

Cor.—12-9-25—A Co.—200 Bks.

E 34662

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34662

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 Calvert Rd 6-64 Ward)

2-FULL NAME Reginald Pumphrey

(a) RESIDENCE NO. 606 Calvert Rd Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Pumphrey

6 DATE OF BIRTH (month, day, and year): May 14 1877

7 AGE: Years 51 Months Days 22 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 10 0

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: John Pumphrey

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Md

14 Informant: Ellen Pumphrey

(Address) 606 Calvert St

15 Filed June 8, 1928 HARRY S. JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Linthicum Coroner, M. D.

, 19 (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. Date of Burial June 8 1928

20 UNDERTAKER: Wm. Fleckner Sons ADDRESS North Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34663

## CERTIFICATE OF DEATH.

187-001

E 34663

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Miller

(a) RESIDENCE NO. 1649 E. Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 5-1 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible]

(State or country) Md

PARENTS

10 NAME OF FATHER H Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mamie Miller

(Address) 1649 Madison

15 Filed JUN 7 1928 H. VERNON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull

Struck by Elevator accidentally

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

June 6 (Signed) [illegible] M. D.

(Coroner)

, 19 28 (Address) 1639 Bradenus

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death [illegible] yrs. [illegible] mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Date of Burial 6-7 1928

20 UNDERTAKER Jas. M. Skinner 1625 E. Madison St ADDRESS

rec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34664

## CERTIFICATE OF DEATH

× 100-001

E 34664

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Boone ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Hanes

(a) RESIDENCE NO. 2621 Boone ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) August 6 1927

AGE: Years | Months: 9 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Westign Md.

10 NAME OF FATHER James Hanes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Francis Veasey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Ida Hanes

(Address) 2624 Boone Street.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 5, 1928, that I last saw h. alive on June 5, 1928 and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. B. Evans, M. D.

June 7 1928 (Address) 502 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: June 7 1928

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1725 Ashland Ave

Spec.--2-29-28—L. F. S.--500 Bks.

Dr Pearce 2105 N Charles St

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34665

## CERTIFICATE OF DEATH

90 E 34665

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 3013 St Paul ST. WARD)

2—FULL NAME Marion G Mac Kenzie

(a) RESIDENCE NO. 3013 St Paul ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Oct 24, 1845

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 7 | 12 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: John Mac Kenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mary R Herman

(Address) 3035 St Paul St

Filed C. HAXTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6. 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1928, to Jun 6, 1928

that I last saw h alive on May 25, 1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart signs

(Signed) W H Pearce, M. D.

Jun 7, 1928 (Address) 2105 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Presbyterian, Govans | DATE OF BURIAL: 6/8 1928

20 UNDERTAKER: W M Cook | ADDRESS: 500 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 34666

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74 E 34666

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 Ashburton ST. (Ward) 16 68

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. H. Boyce

(a) RESIDENCE NO. 605 Ashburton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Anna E. Boyce

6 DATE OF BIRTH (month, day, and year): Jany 4, 1858

7 AGE — Years: 70 — Months: 5 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Edw Boyce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Mary Rees.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Anna E. Boyce

(Address): 605 Ashburton St

15 Filed: June 7 1928

16 [illegible] C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17

I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to June 5, 1928,

that I last saw him alive on June 5, 1928,

and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6/7, 1928 (Address) 108 N Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: June 9 1928

20 UNDERTAKER: Josiah Ryker

ADDRESS: 1600 N. Howard Ave

Spec.—1-12-23—M&T—500 Bks.

E 34667

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101 E 34667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1427 Smyrtle ave ST. (or) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Carter

(a) RESIDENCE NO. 1427 Smyrtle ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20 1925

7 AGE 2 Years 2/12 Months 5 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Sidney Carter

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Edna Masten

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Edna Masten

(Address) 1427 Smyrtle ave

15 Filed June 7 1926 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/30, 1926, to 6/5, 1926,

that I last saw h alive on 6/5, 1926

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Irving Carter, M. D.

6/6, 1926 (Address) 2107 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL June 7 1926

20 UNDERTAKER Hurst H. Pace Sons

ADDRESS 1400 Mosher

H. HANSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34668

## CERTIFICATE OF DEATH.

JUNE 1928 E 34668

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5207 Belleville Ave. (ST.) (WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James E. Brown.

(a) RESIDENCE (Usual place of abode) No. 5207 Belleville ave ST., WARD

Length of residence in city or town where death occurred 63 yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary C. Brown

DATE OF BIRTH (month, day, and year) Mar 6. 1865

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 3 | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Hochschild Kohn & Co

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Albert E Brown

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Linda E Donohue

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

Informant (Address) Mrs Mary C. Brown 5207 Belleville ave

Filed 6-1928 19 H. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1928, to June 6, 1928, that I last saw h~~im~~ alive on June 6, 1928, and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

6/6, 1928 (Address) 1837 Penna. ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL May 9 1928

20 UNDERTAKER Ger. H. Fells

ADDRESS 2100 Edmondson ave

Cor.—12-9-25—A Co.—200 Bks.

E 34669

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

188-003

E 34669

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 624 S. 14th St.) 11-37 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Scharpf

(a) RESIDENCE NO. 624 S. 14th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Mal | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Scharpf

6 DATE OF BIRTH (month, day, and year) March 29/1891

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 37 | 2 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Peter Scharpf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Rosa Scharpf

(Address) 624 S. 14th St.

15 Filed JUN 7 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base of Skull

auto accident (Instantaneous)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage & Shock

Brain (duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

June 7, 1928 (Address) 700 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. 4 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Eastern ave

Former or usual residence 624 S. 14th St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. Date of Burial June 9th 1928

20 UNDERTAKER Tilly & Zeiler Inc. ADDRESS 403 S. Wolfe St

Spec.—2-29-28—L. F. S.—500 lbs.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34670

## CERTIFICATE OF DEATH

E 34670

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3138 Kenyon Ave. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lena Arola Lorenz.

(a) RESIDENCE NO. 3138 Kenyon Ave. ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 1 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard C. Lorenz

DATE OF BIRTH (month, day, and year) April 16" 1904

| AGE Years | Months | Days 14 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24 | 1 | 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER James Tully.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Kehoe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Bernard C. Lorenz.

(Address) 3138 Kenyon Ave

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to June 5, 1928

That I last saw her alive on June 5, 1928

and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Exam. Autopsy

(Signed) Louis F. Krumeich, M. D.

19 (Address) 722 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cem. | June 8th 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly & Zeiler Inc. | 400 S. Wolfe St |

Spec.—2-29-28—L. F. S.—500 lks.

E 34671

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129

E 34671

1—PLACE OF DEATH

REGISTERED NO. 4637

CITY OF BALTIMORE: (No. 3302 Foster ave. ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Mehring

(a) RESIDENCE NO. 3302 Foster ave ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Mehring

DATE OF BIRTH (month, day, and year) March 10th 1851

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 2 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Adam Eisenbauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Christine Mehring

(Address) 3302 Foster ave

Filed ... 19 ... C. HAVEN JONES, M. D. Registrar

6-1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6/28

17 I HEREBY CERTIFY, That I attended deceased from April 30 1928 to June 6 1928

that I last saw h[illegible] alive on June 6 1928

and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Anemia.

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Senile Debility.

(duration) yrs. 6 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Exam.

(Signed) C. E. McCandless M. D.

6/6. 1928 (Address) 3508 Bank St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart Cemetery | June 9th 1928 |
| 20 UNDERTAKER Lilly & Zeiler Inc. | ADDRESS 4038 E. Wolfe St |

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34672

## CERTIFICATE OF DEATH

90

E 34672

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 650 Mosher St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgie Mitchell

(a) RESIDENCE NO. 650 Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Virgil Mitchell

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 45 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town): St. Mary's Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (City or town): Unknown.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town): Unknown.

(State or country)

14 Informant: Mary Mitchell

(Address) 650 Mosher St.

15 Filed JUL 7 - 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 June 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from 4.14.28, 19 to June 4, 19 28.

that I last saw her alive on June 4, 19 28

and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos 3 ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms etc

(Signed) H. L. Singleton, M. D.

6/5, 1928 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

Date of Burial 6 7 19 28

20 UNDERTAKER: Samuel D. Hemsley

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 34673

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34673

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 Argyle ST. 17-24 WARD)

2-FULL NAME James H Williams

(a) RESIDENCE NO. 908 Argyle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel Wms

7 DATE OF BIRTH (month, day, and year): 1873

8 AGE: Years 5 | Months | Days | If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): Drayman

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Rachel Williams

(Address) 608 George St.

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6 1927

17

I HEREBY CERTIFY, That I attended deceased from 5/24 ....., 19..... to 6/6 ....., 19 27.

that I last saw h[illegible] alive on 6/5 ....., 19

and that death occurred, on the date stated above, at 2 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

b. 19 (Address) 2[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 6/7 1927

20 UNDERTAKER: Samuel H Ensley

ADDRESS: Middle

Spec.—1-12-23—M&T—500 Bks.

E 34674

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 34674

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Edmondson Ave ST., 18 WARD)

2-FULL NAME James H. Jolley

(a) RESIDENCE NO. 827 Edmondson Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1879

8 AGE — Years: 49 — Months: ..... — Days: ..... — If LESS than 1 day, ..... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto md

10 NAME OF FATHER John M. Jolley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Marcella Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Marietta Jolley

(Address) 827 Edmondson Ave

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to June 5, 1928.

that I last saw him alive on June 5, 1928

and that death occurred, on the date stated above, at 4 P m

The CAUSE OF DEATH* was as follows:

Nephritis + Myocarditis

(duration) ..... yrs. 11 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) R. Lackey, M. D.

, 19 (Address) 1527 Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL: 6/8 1928

20 UNDERTAKER: Samuel H. Hunsley — ADDRESS: Mt Belle

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34675 — 47 — E 34675

E 34675
1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE; (No. Hotel Rennert ST., 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charlotte E. Ridgely

(a) RESIDENCE NO. Hotel Rennert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Married |

If married, widowed or divorced HUSBAND of (or) WIFE of John Randolph Ridgely

DATE OF BIRTH (month, day, and year) unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER George R. Risquith

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

Informant John Randolph Ridgely

(Address) Hotel Rennert

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 1928

17

I HEREBY CERTIFY, That I attended deceased from May 2nd 1928 to June 7th 1928,

that I last saw her alive on June 6th 1928

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast - (Right)

from history (duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Organic Heart Diseases

Mental Regression (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? In New York from history

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Analysis of tissue at Howard A. Kelly Hospital Reading made by

(Signed) H. E. Babcock, M. D.

19 (Address) 2213 Eutaw Place Residence

Moves 1402 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount Cemetery | June 9 1928 |
| 20 UNDERTAKER | ADDRESS |
| Chas. G. Black & Co | 742 W. Fayette Ave |

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34676

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34676

## CERTIFICATE OF DEATH.

101-00

1-PLACE OF DEATH

City of BALTIMORE: (No. 641 W. Barre St. 27-30 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Thornton

(a) Residence No. 641 W. Barre St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) — 1874

7-AGE: 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Va

PARENTS.

10-NAME OF FATHER: Harry Thornton

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Va

12-MAIDEN NAME OF MOTHER: Jannny Campbell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Va

14- (Informant): Myra Nelson

(Address): Colonial Beach Va

15- JUN 7 - 1928 192 C. Harrison Jones M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 6-1928

17- I HEREBY CERTIFY, That I attended deceased from May 25 19.28 to June 6 19.28

that I last saw h[illegible] alive on Jun 1 19.28

and that death occured, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) 2 yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 12 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? N.O. Date of —

Was there an autopsy? N O

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles P. Jones M. D.

June 6 1928 (Address) 1125 Druid Park

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Colonial Beach Va

DATE OF BURIAL: June 7. 19.28

20-UNDERTAKER: John H Toadvine

ADDRESS 1027 Druid Hill

Spec.—1-12-23—M&T—500 Bks.

E 34677. HEALTH DEPARTMENT—CITY OF BALTIMORE E 34677.

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH Hebrew Home

CITY OF BALTIMORE: (No. 2100 E Balto St. 6-10 ST., WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Zuskin

(a) RESIDENCE No. 2110 E Fairmount ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 19 mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacab Samuel Zuskin

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or ... min. |
|---|---|---|---|---|
| | 66 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Rubin David

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ethel Feverstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacab Samuel Zuskin

(Address) 2110 Fairmount ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17 I HEREBY CERTIFY, That I attended deceased from May 31 ... 19 28 ... to June 7 ... 19 28

that I last saw h.. alive on June 6 ... 19 28

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) 6 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) myocardial insuff.

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

... 19 (Address) 1810 Eutaw place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosedale. Hebrew Hebrew Rom

DATE OF BURIAL June 7 1928

20 UNDERTAKER L Levinson Bro

ADDRESS 1127 E Balto St.

Spec.–7-17-26—A Co.—200 Bks.

34678

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34678
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md. Gen. Hosp. St., 25-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank E. Lewis

(a) RESIDENCE NO. 6-N-6th St-Brooklyn Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eva Augusta Lewis

6 DATE OF BIRTH (month, day, and year) 1-13-1880

7 AGE Years 48 Months 5 Days 21

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman Rig

(b) General nature of industry, business, or establishment in which employed (or employer): 018

(c) Name of employer

9 BIRTHPLACE (city or town) Winchester, Va.

(State or country)

PARENTS

10 NAME OF FATHER Jno H Lewis

11 BIRTHPLACE OF FATHER (City or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Hospital Records

(Address)

15 Filed JUN 7 - 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-28 19

17 I HEREBY CERTIFY, That I attended deceased from 3-19 1928, to 6-4 1928

that I last saw him alive on 6-4 1928

and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Brain Abcess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 5-25-28

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

6-4, 1928 (Address) md Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: June 8 1928

20 UNDERTAKER: John F Denny — ADDRESS: 715 E 25th St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34679
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

12-50

9 E 34679
REGISTERED NO.

City of BALTIMORE: (No. ~~Hopkins Hospital~~ 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Ward

(a) RESIDENCE NO. 2201 Hunter's Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 4 | 26 25 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Hoyle Ward
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ala.
12 MAIDEN NAME OF MOTHER Victoria Ward
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N.C.

14 Informant Father Hoyle Ward
(Address) 2201 Hunters Pl.

15 Filed 7-1928 19 C. H. [illegible] JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pertussis
(duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)
6/7/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spring Hill - N. bound 6/7/1928
Date of Burial

20 UNDERTAKER Wm. Jos. H. Collard ADDRESS 1631 Druid Hill Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34680

## CERTIFICATE OF DEATH

E 34680

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1005 S. Sharp St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hogan

(a) RESIDENCE NO. 1005 S. Sharp St. 23 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. – mos. – ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Hogan

6 DATE OF BIRTH (month, day, and year): Dec. 10 1868

7 AGE: 59 Years 60 Months 5 Days 25 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Kurtz

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Magdelina Singer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs Albert Schultz

(Address) 1206 N. Milton Ave.

15 Filed ..... 19 ..... Registrar

NT - 1926

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): [redacted] 5 / 1926

17 I HEREBY CERTIFY, That I attended deceased from 3/30/26, 19 ..., to 6/4, 19 26, that I last saw her alive on 6/4, 19 26, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Mitral regurgitation

Sinilitis, Bronchitis

Asst ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Dietetic) Asst (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

6/ , 19 26 (Address) 708 S. Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: June 8 1926

20 UNDERTAKER: F. W. Krause & Son — ADDRESS: 703 Hanover St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34681

## CERTIFICATE OF DEATH.

129 E 34681

REGISTERED NO. 1568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2009 N Bentalou ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche I. Harrison

(a) RESIDENCE NO. 2009 N. Bentalou ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H Harrison

7 DATE OF BIRTH (month, day, and year) Aug. 1 1852

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 75 | | 10 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Peter U Seminger

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary A Lee

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Mrs Estelle Gerhardt
(Address) 2009 N Bentalou St

15 Filed ..... 19 .....
JUN - 1928 Per ..... Registrar

C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/26, 1928, to 6/6, 1928, that I last saw h[illegible] alive on 6/5, 1928 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? [illegible] Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) W. H. Bryant, M. D.

6/6, 1928 (Address) 1928 N Dalton St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL June 8 1928

20 UNDERTAKER Robt T. Turnwelne

ADDRESS 1442 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

Henry Conyers

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34682

E 34682

## CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General ST. Surgical WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Conyers

(a) RESIDENCE NO. 429 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1908

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): unknown

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Margaret Graham

(Address) 429 N. Eden st

Filed 6-5-1928 H. E. Lee Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to June 5, 1928

that I last saw him alive on June 5, 1928

and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin Exam

(Signed) Chas T. Lacy M. D.

(Address) W. Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edwards cemetery

DATE OF BURIAL: June 7 1928

20 UNDERTAKER: Edward Bryan

ADDRESS 1234 Orleans st

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34683 E 34683

## CERTIFICATE OF DEATH.

REGISTERED NO. 43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Poole

(a) RESIDENCE NO. 213 N Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | White | |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 50 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant

(Address)

Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-24, 1928, to 6-2-, 1928

that I last saw h[illegible]live on 6-2-, 1928

and that death occurred, on the date stated above, at 7 45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma floor of Mouth

(a) [illegible] mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interred Loudon Park DATE OF BURIAL June 12 19 28

20 UNDERTAKER John T. Young ADDRESS 215 Fremont Ave

UNIVERSITY OF MARYLAND

C. HARRISON JONES, M. D.

1928 851 RCH

JUN - 1928

Spec.—1-12-23—M&T—500 Bks.

E 34684

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34684

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 64 WARD)

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Walker.

(a) RESIDENCE NO. 6 W. Temple ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | ? |

6a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Richard Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Eliza Norman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Friends.

15 Filed 6-16-1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13/1928.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928. to June 3, 1928

that I last saw him alive on June 3, 1928

and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic & acute

Cardio renal disease

Embolism - Syphilis ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ? if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) C. Adelmann Ozeyl, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19 JUN 1928

20 UNDERTAKER

ADDRESS

C. HERBERT JONES, M. D.

Registrar

Reg. Dist. & Dist. No.

Spec.—1-12-23—M&T—500 Bks.

E 34685

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34685

## CERTIFICATE OF DEATH.

10-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis Joyce

(a) RESIDENCE NO. 931 Argyle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 6 | | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Edith Joyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): East. Md.

14 Informant Hospital Records

(Address)

15 Filed 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to June 5, 1928, that I last saw h/m alive on June 5, 1928, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Pleu. Diphtheria

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia & Tetany

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. I. P. Levin, M. D.

6-7, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

JUN 7 - 1928

... M. E. WOODALL

...c.—2-29-28—L. F. S.—500 Bks.

Cockey

E 34686

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

101-001. E 34686

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Cockey

(a) RESIDENCE NO. 711 N. Green St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 22-1927

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | | 5 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER Wm Cockey

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Thelma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19... Per ... Registrar

1928 HARPER JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4-1928

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1928, to June 4, 1928, that I last saw h... alive on June 4, 1928 and that death occurred, on the date stated above, at 5:55 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Otitis Media
& Mastoiditis

(duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Lobar pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of 5-26-28

Was there an autopsy? Yes.

What test confirmed diagnosis? —

(Signed) J. T. Bennett, M. D.

June 5. 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: JUN 7 - 1928

20 UNDERTAKER — ADDRESS — JUN 5 - 1928

Bureau of Vital Statistics

...ROBALL

Spec.—1-12-23—M&T—500 Blks.

E 34687

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34687

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2026 Edmonson Ave (St.) 16-27 (WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian E Cummings

(a) RESIDENCE NO. 2026 Edmonson Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul A Cummings

6 DATE OF BIRTH (month, day, and year) Aug 25 1897

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 30 | 9 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Lehne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ada Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mr Paul A Cummings

(Address) 2026 Edmonson Ave

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1928

17

I HEREBY CERTIFY, That I attended deceased from March 11, 1928, to June 4, 1928,

that I last saw her alive on June 4, 1928

and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Heart disease

Duration Pregnancy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

6/7, 1928 (Address) 143 Sutton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | June 8th 1928 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| John J Cowan & Son | 901 Hollins |

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34688 — 66 — E 34688

## CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N Calhoun St ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Newman

(Residence in Baltimore: No. 605 N Calhoun St St.; 15 yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH, Aug 9 (Month) 11 (Day) 185? (Year)

7-AGE, 70 yrs. 9 mos. 26 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 615

9-BIRTHPLACE, (State or Country), Queen Annes County Maryland

PARENTS.

10-NAME OF FATHER John C Newman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rachel B Shoops

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J Newman

(Address) 605 Calhoun St

15-

Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar.

- 1928

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 5 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 25 1928, to June 5 1928, that I saw h[illegible] alive on June 4 1928, and that death occurred, on the date stated above, at 7 30 p m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. mos. 6 ds.

(Signed) C. H. Davis M. D.

June 6, 1928 (Address) 2108 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Queen Co Md

19-PLACE OF BURIAL OR REMOVAL, Crumpton Md — DATE OF BURIAL, June 9th 1928

20-UNDERTAKER Robert Brocklesson — ADDRESS Cor Calhoun Hollins St

Spec.—1-10-21—M&T—1500 Bks.

E 34689

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34689

## CERTIFICATE OF DEATH.

74-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 W Baltimore St.) (WARD) 20-64

2-FULL NAME Margaret White

(a) RESIDENCE NO. 2123 W Baltimore St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 6 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Jane O Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary O Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Father Schumer

(Address) 2123 W Baltimore

15 Filed 6 . 19 28

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 . 19 28 , to June 5 . 19 28 ,

that I last saw h alive on June 5 . 19 28 ,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Hypertension

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas A Cahn M. D.

6/7 . 1928 (Address) 2105 N Belt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 6/8 28

20 UNDERTAKER: George R Farley Sulton & Fayette — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 34690

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34690

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... ST., 15-62 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev Matthew F. O'Neil c m

(a) RESIDENCE NO. 3412 Dennison Road ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 8. 1884

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ~~44~~ 43 | | 9 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Catholic Priest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 018

BIRTHPLACE (city or town) ..... (State or country) N Y

10 NAME OF FATHER Robert O'Neil

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Eliza Cline

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) N. Y.

Informant Mrs. Eliz. Sayer.

(Address) Govanstown, N. Y

Filed ..... , 19 ..... Registrar

C. HAMPSON JONES, M. D.

1926 ROA

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 5 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-26, 1928, to 6-5, 1928, that I last saw him alive on 6-5, 1928, and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial-Nephritis (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Lab. & phys. Exam.

(Signed) Francis L. Badagliacca M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 6-8-28.

20 UNDERTAKER Martin Fahey Sons

ADDRESS 1827 W North Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34691

## CERTIFICATE OF DEATH.

74 001 E 34691

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3614 Monastery Ave. ~~St~~ 20-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pielert

(a) RESIDENCE No. 3614 Monastery Ave. ~~St~~ ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Pielert

DATE OF BIRTH (month, day, and year) January 7, 1882

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 4 | 28 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Andrew Kraus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Wyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Louis Pielert

(Address) 3614 Monastery Ave.

Filed 6/9 1928 C. HARRISON JONES, M. D. Registrar

PKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1927 to June 4 1928.

that I last saw her alive on . . 19 .

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. G. Fridsun, M. D.

6/5, 1928 (Address) 918 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetary — DATE OF BURIAL June 7 19 28

20 UNDERTAKER Wm. H. Cook — ADDRESS 1003 West Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34692 E 34692

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. St. 17-51 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Xxxxxxxxxxxxxxxxxxxxxxxxxxxx~~ Mrs. Alice Lorraine Crane

(a) RESIDENCE No. 214 N. Charles St. St., City Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 15, 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day.....hrs. or min. |
|---|---|---|---|---|
| | 75 | 9 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (Teacher formerly)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Dr. William Bowers Crane

11 BIRTHPLACE OF FATHER (city or town) Kent Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Henrietta Osborne

13 BIRTHPLACE OF MOTHER (city or town) Kent Co. (State or country) Maryland

14 Informant Miss Henrietta Osborne Crane (Address) 237 W. Lanvale St.

15 Filed ..., 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8 1928.

17 I HEREBY CERTIFY, That I attended deceased from 4-20, 1928, to 6/7, 1928.

that I last saw her alive on 6/7, 1928.

and that death occurred, on the date stated above, at 2:17 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder. (generalized carcinomatosis) (over)

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. Gramier Tolliver M.D.

6/7, 1928 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL June 8 1928

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 W. Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

E 34693

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

88 E 34693

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1602 Lancaster St. 2-4 Ward)

2-FULL NAME Josephine Michalska

(a) RESIDENCE NO. 1602 Lancaster St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Michalska

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE — Years: 50 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: _____

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: _____

9 BIRTHPLACE (city or town): _____

(State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Poland

14 Informant: Julian Michalski

(Address): 1602 Lancaster St

15 Filed _____ 19____ _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Myocarditis

(duration) ____ yrs. days mos. ____ ds.

CONTRIBUTORY (Secondary) Cirrhosis of liver

(duration) ____ yrs. 4 mos. ____ ds.

(Signed) James H. Kimbrow M. D.
(Coroner)

6/5, 1928 (Address) Govt Charged

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ..... mos., ..... ds. In the State..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Date of Burial: June 8 1928

20 UNDERTAKER: John M. Wilder ADDRESS: 402 Chester

Spec.—1-12-23—M&T—500 Bks.

E 34694

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34694

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Krasnodemske

(a) RESIDENCE NO. 329 So Castle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or Emin. |
|---|---|---|---|---|
| | 69 | | | |

Born Statements Nurse - Bleed spoke no English

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER John Krasnodemske

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant

(Address)

Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/6, 1928, to 6/6, 1928, that I last saw him alive on 6/6, 1928, and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Bronchs - Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C. Stevens Osborne, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary Cemetery | 9 1928 |
| **20 UNDERTAKER** | **ADDRESS** |
| Peter N. Weber | 401 d Chester |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34695

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 34695

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 23-31 WARD)

2-FULL NAME Emma Downs

(a) RESIDENCE No. 910 S. Sharp ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework ?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Sam Downs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Celia Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant

(Address) Cemetery.

Filed 6 1928 19 RDM Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7/ 1928

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to June 7, 1928

that I last saw her alive on June 7, 1928

and that death occurred, on the date stated above, at 7 15 A m.

The CAUSE OF DEATH* was as follows:

Bronchitis - chronic + acute

Arteriosclerosis

Hypertension

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Subs.

(Signed) C. Howard Bond, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct — DATE OF BURIAL June 9 1928

20 UNDERTAKER S. L. Brown & Son ADDRESS Westminster

Spec.—1-12-23—M&T—500 Blks.

Hood

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34696

## CERTIFICATE OF DEATH.

46 E 34696

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Balto City Hospital 22-30 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lulu Wallace Hood.

(a) RESIDENCE NO. 611 Wayne Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col. | Married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) [illegible]

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) South Carolina

10 NAME OF FATHER John Weathers

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

Informant James Hood

(Address) 611 Wayne

Filed [illegible] 19 [illegible] Registrar

[illegible] - 1928 BALTIMORE, MD.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-15-, 1928. to 6-6, 1928

that I last saw h[illegible] alive on 6-6, 1928

and that death occurred, on the date stated above, at 3:50 p m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

[illegible] mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M.D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — DATE OF BURIAL: 6-9 1928

20 UNDERTAKER: Joseph A Lively — ADDRESS: 409 N Mont

Spec.—1-10-21—M&T—1500 Bks.

E 34697

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

84 E 34697

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 712 Evesham Ave ST. 7-6 WARD)

2-FULL NAME George Norbury Mackenzie III

(a) RESIDENCE NO 712 Evesham Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~ or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~: Sarah Roberta Mackenzie

6 DATE OF BIRTH (month, day, and year) April 2nd 1875

7 AGE: Years 53 Months 2 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Architect

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Geo N. Mackenzie

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George N. Mackenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: L. T. Emory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mr. G. N. Mackenzie III

(Address): 712 Evesham Ave

15 Filed ..., 19... Registrar: Ring

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to June 7, 1928, that I last saw him alive on June 6, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan M. D.

6/8, 1928 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rock Spring Cem

DATE OF BURIAL: June 9 1928

20 UNDERTAKER: Henry Hankins & Son Co

ADDRESS: Cross & Belt Sts

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34698

## CERTIFICATE OF DEATH.

90 E 34698

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3030 Rosalind Ave ST., 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A Zimmerman

(a) RESIDENCE No. 3030 Rosalind Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Zimmerman

6 DATE OF BIRTH (month, day, and year): Oct 30 - 1850

7 AGE — Years: 77 Months: 7 Days: 15 If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co.

10 NAME OF FATHER: Charles Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Elizabeth Strong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

14 Informant: Mrs Fannie Zimmerman

(Address) 3030 Rosalind Av

Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1928

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1928, to June 5, 1928,

that I last saw him alive on June 5, 1928,

and that death occurred, on the date stated above, at 10-30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial

Suffering (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

June 6 1928 (Address) 3429 Chestnut St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: June 9 1928

20 UNDERTAKER: A S Marshall — ADDRESS: 3539 Fall Rd

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34699

## CERTIFICATE OF DEATH.

11 2 E 34699

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 Argyle Ave. 17-24 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Griffin

(a) RESIDENCE NO. 1124 Argyle Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Griffin

6 DATE OF BIRTH (month, day and year): 1871

7 AGE: Years 57 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: John W. Griffin

(Address): 1124 Argyle Ave

15 Filed 6 1928 H. LEON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and find that said deceased came to death as follows: (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Error of diet. (duration) yrs. mos. ds.

(Signed) F. C. Funk M. D. (Coroner)

June 6th, 1928 (Address) 1011 Fidelity Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial June 8 1928

20 UNDERTAKER: Hamme & Mudd ADDRESS 864 Mt. Ave.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34700

## CERTIFICATE OF DEATH.

10-002V E 34700

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Warren Ave ST. 77-33 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aydelotte Lucile Franklin

(a) RESIDENCE NO. 106 Warren Ave ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22 27

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 2 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Herbert Franklin

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Aydelotte Melvin

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Herbert Franklin

(Address) 106 Warren Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17

I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 7, 1928,

that I last saw her alive on June 7, 1928,

and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Con)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture —

(Signed) Wm. L. Stifler, M. D.

6/7, 1928 (Address) 1319 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL 6/8 1928

20 UNDERTAKER J. Frew McCully

ADDRESS 1305 Eutaw

C. HAMPSON JONES, M. D.

1928

Spec.—1-12-23—M&T—500 Bks.

E 34701

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

49 E 34701

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balty City Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Death Taylor

(a) RESIDENCE NO. 1128 Thompson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Taylor

DATE OF BIRTH (month, day, and year) September 1889

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 39 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Joseph Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Joseph Taylor

(Address) 155 East St.

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-6 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-16-, 1927 to 6-6-, 1928.

that I last saw h alive on 6-6-, 1928

and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Gliosarcoma (Brain malignant) Myocardial Incompetency -

(Duration) Months Days

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy? no -

What test confirmed diagnosis?

(Signed) M Blumgart M. D.

, 19 (Address) Balty City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Calvary | June 13 1928 |

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1726 Eastland ave

Cor.—12-9-25—A Co.—200 Bks.

34702

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34702

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 821 Plum Alley. St. 22-31 Ward)

2-FULL NAME Virginia Edwards.(C)

(a) RESIDENCE NO. 821 Plum Alley St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, HUSBAND OF XXXXXXXXXXXX XXXXXXXXX: John Edwards.(C)

6 DATE OF BIRTH (month, day, and year): December 25, 1892

7 AGE — Years: 35 — Months: 5 — Days: 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Louis Adams.(C)

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know.

14 Informant: Lascoe Edwards.(C) son

(Address): 821 Plum Alley.

15 Filed.....19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

6/8, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,.....mos.,.....ds. In the State..... yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Date of Burial June 8 1928

20 UNDERTAKER: E L Brandt ADDRESS 108 North

Cor.—12-9-25—A Co.—200 Bks.

E 34703

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 34703

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 265 Duncan alley Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Morris

(a) RESIDENCE NO. 26 S. Duncan alley Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | Colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Morris

6 DATE OF BIRTH (month, day, and year) Mar. 7 1869

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 59 | 2 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Dorchester Co

(State or country) Md

PARENTS

10 NAME OF FATHER James Cooper

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Moses Morris

(Address) 26 S Duncan alley

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) about 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.
(Coroner)

1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem Date of Burial 6/9 1928

20 UNDERTAKER Byron Wright ADDRESS 1218 McElderry St

Spec.—1-12-23—M&T—500 Bks.

E 34704

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34704

## CERTIFICATE OF DEATH.

118-98

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... ST. N ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bosies.

(a) RESIDENCE NO. 78 Garrison Lane ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | widower |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of widower

DATE OF BIRTH (month, day, and year) Sept. 22-1857

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 70 | 8 | 13 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Marie Essentrager

(Address) 78 Garrison Lane

Filed 1928, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 1928

17 I HEREBY CERTIFY, That I attended deceased from June 5th, 1928, to 6-5, 1928, that I last saw h... alive on 6-5, 1928, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Strictal Hernea (Strangulated).

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acute intestinal obstruction

(duration) ... yrs. Several ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of 6/5/28

Was there an autopsy? No.

What test confirmed diagnosis? Operation

Signed Augustine P. Van Schaick M.D.

(Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL June 8 1928

20 UNDERTAKER George L. Schmidt — ADDRESS 210 E. Fredk. Ave.

Spec. –7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34705

CERTIFICATE OF DEATH

E 34705

1-PLACE OF DEATH Md General Hospital REGISTERED NO.

City of BALTIMORE: (No.) Madison & Eutaw (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo B Wayt

(a) RESIDENCE NO. 3106 Woodbrook ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 25, 1850

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 78 | 2 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rail Road Clerk

(b) General natore of indostry, business, or establishment in which employed (or employer) Rail Road

(c) Name of employer B & O R. R.

9 BIRTHPLACE (city or town)

(State or country) Maine

PARENTS

10 NAME OF FATHER Joel W Wayt

11 BIRTHPLACE OF FATHER (City or town) Maine

(State or country)

12 MAIDEN NAME OF MOTHER A B. Davis

13 BIRTHPLACE OF MOTHER (city or town) Maine

(State or country)

14 Informant (Address) Hospital Records

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-7- 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-27-28, to 6-7-28, that I last saw h live on 6-2-28, and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(doration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(doration) mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) H. B. Thomas, M. D.

, 19 (Address) Med Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. Date of Burial June 9. 1928

20 UNDERTAKER John C Mitchell ADDRESS 1900 Eutaw Place

Per

Spec.–7-17-26—A Co.—200 Bks.

E 34706

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

52 E 34706

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 308 Thornhill Road. Homeland Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie E. Strehlau

(a) RESIDENCE NO 308 Thornhill Road. Homeland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred. W. Strehlau

6 DATE OF BIRTH (month, day, and year): Oct. 11, 1870

7 AGE: Years 57 Months 7 Days 26 27

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. W. Sanner

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Ann Hyde

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Helen S. Taylor

(Address) 308 Thornhill Road

15 Filed JUN 8 1928 19 J. Louis Wolf Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928, to June 7, 1928, that I last saw her alive on June 6, 1928, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Cronical Nephritis Arteriosclerosis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Roscoe Kemp M. D.

June 8, 1928 (Address) 2418 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy Date of Burial: June 9 1928

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

34707

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

10 001 E 34707

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Israel Tabachnick

(a) RESIDENCE No. 1925 E. Baltimore St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of:

DATE OF BIRTH (month, day, and year) Sept 1917

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | — | 9 8 | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Sam Tabachnick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Dora Rubin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Sam Tabachnick

(Address) 1925 E. Baltimore

Filed 1928 19 HARRY JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1928

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1928, to June 8, 1928, that I last saw him alive on June 8, 1928, and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos 38 ds.

CONTRIBUTORY (Secondary) Bilateral Bronchopneumonia

(duration) yrs. mos. 37 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Path. Exams

(Signed) Myron S. Sulk, M. D.

6/8, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel Rd — DATE OF BURIAL 6/8 1928

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS 1127 E Balto st

Cor.—12-9-25—A Co.—200 Blks.

34708

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

14001 E 34708

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2031 E Lombard St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Lentz

(a) RESIDENCE NO. 2031 E Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Lentz

6 DATE OF BIRTH (month, day, and year): Jan 8 1871

7 AGE — Years: 57 — Months: 5 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster Shucker 049

(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

(c) Name of employer

9 BIRTHPLACE (city or town): Annapolis

(State or country)

PARENTS

10 NAME OF FATHER: John Lentz

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Agnes Lentz

(Address): 2031 E Lombard St.

15 Filed 6-9 1926 Hilman Jones M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner)

6/7, 1928 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial: June 9 1928

20 UNDERTAKER: J W Ozarowski ADDRESS: 930 Eastern Av

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34709

## CERTIFICATE OF DEATH.

E 34709

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp'l. ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emily Reeves

(a) RESIDENCE NO. 4406 Greenway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

a If married, widowed, or divorced ~~the husband of~~ WIFE of Chas B. Reeves.

DATE OF BIRTH (month, day, and year) July 30 1887

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 40 | 11 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Cornelius Keyes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Clara Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Chas B Reeves

(Address) 4406 Greenway

Filed JUN 8 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17

I HEREBY CERTIFY, That I attended deceased from May 15 1928, to June 7 1928, that I last saw h ~~er~~ alive on June 7 1928 and that death occurred, on the date stated above, at 1.15 P m

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

(duration) yrs. mos 3 9 ds

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 12 hours ds.

18 Where was disease contracted if not at place of death? Considered Town

Did an operation precede death? Yes Date of 5-19-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George O Eaton, M. D.

, 19 (Address) Union Memorial Hosp'l

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL June 9 1928

20 UNDERTAKER Henry H Jenkins Sons Co

ADDRESS McCulloh & Orchard Sts

Spec.—7-17-26—A Co.—200 Bks.

E 34710

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

31 E 34710

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5841 York Road St. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gennara F. O'Toole

(a) RESIDENCE NO. 5841 York Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 9 mos. 10 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 27 1907

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min.. |
|---|---|---|---|---|
| | 20 | 9 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER James B. O'Toole

11 BIRTHPLACE OF FATHER (City or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Ida F. Martin

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Mr. James B. O'Toole

(Address) 5841 York Road.

15 Filed ..... 19.. ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17 I HEREBY CERTIFY, That I attended deceased from May 5 1928, to June 7 1928

that I last saw her alive on June 6 1928

and that death occurred, on the date stated above, at 5:40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

acute miliary

(duration) about 8 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam. microscopic

(Signed) J. Bond Moore, M. D.

6/7, 1928 (Address) 2125 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cemetery Towson Md. Date of Burial June 9 1928

20 UNDERTAKER Henry Hoen & Son ADDRESS 1304 E Eager

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34711

## CERTIFICATE OF DEATH.

90 E 34711

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 1040 Stafford ave ST., 10-14 WARD)

2-FULL NAME John G. Sader

(a) RESIDENCE NO. 1040 Stafford ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Sader

6 DATE OF BIRTH (month, day, and year) Aug. 7. 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 10 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work City Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Balto City, Baltimore Md

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Franz Sader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Catherine Sader
(Address) 1040 Stafford ave

15 Filed JUN 8 - 1928 HERMAN JONES, M. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to June 8, 1928,
that I last saw h[illegible] alive on June 7, 1928,
and that death occurred, on the date stated above, at 9:45 m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Decompensation

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos. J. A. Stevens, M. D.

6/8, 1928 (Address) 1815 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: June 11 1928

20 UNDERTAKER: Henry Houck & Son — ADDRESS: 1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34712

## CERTIFICATE OF DEATH

129 E 34712

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3230 O'Donnell ST. 26-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Sauer

(a) RESIDENCE NO. 3230 O'Donnell ST., WARD 1st.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? 65 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Sauer

DATE OF BIRTH (month, day, and year) Jan 25-1846

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 4 | 12 | 11 |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) none - retired

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) not known Germany

10 NAME OF FATHER not known Sauer

11 BIRTHPLACE OF FATHER (city or town) not known (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Rouf

13 BIRTHPLACE OF MOTHER (city or town) not known (State or country) Germany

Informant Mary M. Sauer (daughter)

(Address 3236 O'Donnell St.

Filed 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6-1928

17 I HEREBY CERTIFY, That I attended deceased from about Jan. 1927, to June 6, 1928

that I last saw him alive on June 5, 1928

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation, fatty degeneration & myocarditis from mitral insufficiency.

(duration) several years

CONTRIBUTORY (Secondary) Uremia (Nephritis?)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

6/8, 1928 (Address) 1014 S. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery

DATE OF BURIAL June 9 1928

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34713

## CERTIFICATE OF DEATH.

183 E 34713

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. John Hopkins Hospital 1-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Pruchuleski or Pruchniski

(a) RESIDENCE NO. 2707 Fleet St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 47 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) City Street Cleaning Dept.

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md

PARENTS

10 NAME OF FATHER John Pruchniski

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Josephine ----

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Hosp. Records & Police Dept

(Address)

15 Filed _____, 19____

358 ARM Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock - Multiple Perforations of Intestines with hemorrhage. (Operation at Hospital)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Accidently shot by Leonard Rychwelski at 1520 Thames St

(Signed) John Pruchniski M. D.

6/8/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremated Date of Burial 19

20 UNDERTAKER Johns Hopkins Hospital ADDRESS

Undertaker's Certificate received 6/13/28

Pub. Wm. S. Wosball

Spec.—1-12-23—M&T—500 Blks.

E 34714

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34714

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. ..... WARD)

2-FULL NAME Cymanda Brandley

(a) RESIDENCE No. 609 S. Sharp ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Nathan Brandley

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Eliza Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant ..... (Address) Records.

15 Filed ..... , 19 ..... Registrar

1928 952 RPH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/ 1928.

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1928 to June 4, 1928

that I last saw h[illegible] alive on June 4, 1928

and that death occurred, on the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic + acute.
Arteriosclerosis.

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General + Sub

(Signed) C. Wilmer Brown, M. D.

....., 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| | 19 ..... |
| 20 UNDERTAKER | ADDRESS |
| | |

BALTIMORE CITY HOSPITALS UNIVERSITY OF MARYLAND JUN 5 1928 Bureau of Vital Statistics

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34715

## CERTIFICATE OF DEATH.

100 E 34715

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST. 17-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Strother Kennard

(a) RESIDENCE No. 607 George st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 1901

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Henry Kennard

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Ella Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

Informant Hospital Records

(Address) UNIVERSITY OF MARYLAND.

Filed JUN 8 1928, 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to June 5, 1928,

that I last saw h in alive on June 5, 1928,

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Lung abscess

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab

(Signed) Henry C. Smith M. D.

6-5-, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JUN 8 1928, 19

20 UNDERTAKER Commissioner Health

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 34716

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34716

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Brown

(a) RESIDENCE NO. Bay Boats ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) South Carolina

10 NAME OF FATHER William Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Hospital Records

(Address)

Filed ____, 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1928, to June 6, 1928,

that I last saw him alive on June 6, 1928,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) [signature] M. D.

6-6, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JUN 8 - 1928 19

UNDERTAKER Commissioner Health.

ADDRESS

C. HAMPSON JONES, M. D.

Registrar

Spec.—1-12-23—M&T—500 Bks.

E 34717

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 34717

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 S. Paca ST. 22-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Doneski

(a) RESIDENCE No. 635 S. Paca St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Doneski

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 64; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Jankiewiecz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Family

(Address)

15 Filed 6 7, 1928 C. Hoffman Jones, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-7 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20th., 1928, to June 7th., 1928, that I last saw h.. alive on June 7th., 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. Kavalunas M. D.

6/8/28 (Address) 912 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, a a Co Md

DATE OF BURIAL: 6/9 1928

20 UNDERTAKER: F A Kraus Sons

ADDRESS: 703 Hanover St

Spec.—1-12-23—M&T—500 Blks.

E 34718 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34718

CERTIFICATE OF DEATH. 7-1-00

1-PLACE OF DEATH Union Memorial Hosp. REGISTERED NO. 12-41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 12 ..... WARD)

2-FULL NAME Mr. Louis E. Simms

(a) RESIDENCE NO. Towson Md. ..... ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W. | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of 1907

DATE OF BIRTH (month, day, and year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 21 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gatehouse Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Lock. Rowe

(c) Name of employer City Employ

BIRTHPLACE (city or town) (State or country) Providence, Md

10 NAME OF FATHER Chas. E. Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Providence

12 MAIDEN NAME OF MOTHER Madeline Chinoweth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

Informant Mr. Louis E. Simms

(Address) Towson Md

Filed ..... 19 ..... Registrar .....

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-8-28 19

17 I HEREBY CERTIFY, That I attended deceased from May 29, 19..., to June 8, 1928,

that I last saw him alive on June 8, 1928

and that death occurred, on the date stated above, at 5-30 A m

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) ..... yrs. ..... mos. 5 wks. 1 ds.

CONTRIBUTORY (Secondary) Intestinal Perforation

(duration) 1 yrs. ..... mos. 11 ds.

18 Where was disease contracted if not; at place of death? Towson, Md

Did an operation precede death? Yes Date of 5-29-28

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) R J Belford, M. D.

6/8, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence Md. E. DATE OF BURIAL June 10 1928

20 UNDERTAKER J Stuart Binns Sons ADDRESS Towson

1928 CHARLTON JONES M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 34719

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34719

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 1712 Clermont ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Graham

(a) RESIDENCE NO. 1712 Clermont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. Edward Graham

6 DATE OF BIRTH (month, day, and year) ---------

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or .... min. |
|---|---|---|---|---|
| | 72 | -- | -- | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George P. Beacham

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Searley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Virginia Reinhart (Address) 300 Woodlawn Road

15 Filed 1928 .19 C. HANSON JONES, M. D. Per RRF Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6 .1928. to June 6 .1928

that I last saw her alive on June 6 .1928.

and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy Duration of Brights Disease less than 15 Minutes

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Brights Disease (duration) 2 yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None - Knew of

(Signed) Chas E Parker M. D.

.19 (Address) 3123 W Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 6/9 1928

20 UNDERTAKER Henry U. Speare & Son

ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34720 E 34720

## CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3132 Carrollton Ave (St.) (Ward) 16

2-FULL NAME Jane Chase

(a) RESIDENCE No. 3132 Carrollton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W Chase

6 DATE OF BIRTH (month, day, and year): Mar. 14, 871

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 57. | 2 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 097

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Anundel Co. Md.

10 NAME OF FATHER: Richard Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mary Chase Fisher

(Address) 3132 Carrollton Ave

Filed ....., 1928 C. HAMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to June 7, 1928, that I last saw h[illegible] alive on June 6, 1928, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis & nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Hampson Jones, M. D.

, 19 (Address) 103 Dodge St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: June 10, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34721 ✓ 168 E 34721

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Grindon Ave nr Maple St. 21-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius W. Schaefer

(a) RESIDENCE NO. Grindon Ave nr Maple St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Schaefer

6 DATE OF BIRTH (month, day, and year) July 5/1878

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 49 | 11 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Adolph Schaefer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Birgel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife

(Address)

15 Filed ___ 19___ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation-hanged self to cellar joist- Suicide 1744

CONTRIBUTORY (Secondary) (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. Miller, M. D. (Coroner)

18 6/8/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery Date of Burial June 9 1928

20 UNDERTAKER Fred Lassahn & Son ADDRESS Fullerton

(Hoffman)

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 34722

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34722

44

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 E. Biddle ST. 8-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emilie Hoffan

(a) RESIDENCE. NO. 2609 E. Biddle ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? Hoffman

6 DATE OF BIRTH (month, day, and year) Aug. 4th 1863

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 10 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

PARENTS

10 NAME OF FATHER John Messner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emilie Brey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Emma Green
(Address) 2609 E. Biddle St.

15 Filed [illegible], 19[illegible] [illegible] Registrar
1928 APB

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7- 1928

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1928, to June 7, 1928, that I last saw her alive on June 6, 1928, and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH* was as follows: Carcinoma of the Stomach

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Washington, D.C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms &c

(Signed) Geo. D. Keating M. D.

19 (Address) 224 E. 39th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Addison Chapel Seat Pleasant Md. DATE OF BURIAL 6/9/ 1928

20 UNDERTAKER John G. Connelly ADDRESS Easton Md

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34723

## CERTIFICATE OF DEATH

90 E 34723

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 307 S. Central ave St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kreiner

(a) RESIDENCE NO. 307 S. Central ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? 60 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alias Kreiner

6 DATE OF BIRTH (month, day, and year): May 28. 1840.

7 AGE: Years 88. Months Days 11. IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Not known.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not known.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Contonetty Kuzmiller

(Address) 403 N. Edwards ave.

15 Filed 1928 C. HARRISON JONES, M. D. Registrar

By RCH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to June 6, 19 28

that I last saw h[illegible] alive on June 6, 19 28

and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility – Carbuncle Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Holmes M. D.

June 8, 19 28 (Address) 1451 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial June 9. 1928.

20 UNDERTAKER: Weddell & Hupp — ADDRESS 300 Eutaw

Spec.—1-12-28—M&T—500 Blks.

E 34724

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34724

## CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4820 Norwood Ave. ST. 28-1644 WARD

2-FULL NAME Charles Goodwin Hogg

(a) RESIDENCE NO. 4820 Norwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret WildermanHogg

6 DATE OF BIRTH (month, day, and year) Nov.8, 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 7 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work COLLECTOR

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John W. Hogg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER GOODWIN

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. N. CLYDE MARVEL

(Address) 4820 Norwood Ave

Filed ..., 19 C. HANSON JONES, M. D. Registrar

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1928, to June 7, 1928, that I last saw him alive on June 7, 1928, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Bulbar Paralysis

(duration) 2 yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Neurological

(Signed) N. Clyde Marvel, M. D.

, 19 (Address) East Court Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 6/9 1928

20 UNDERTAKER Harry K. Witzke

ADDRESS 1531 N. Lombard St.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34725

## CERTIFICATE OF DEATH

E 34725

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST., WARD 24

REGISTERED NO. 101-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James West

(a) RESIDENCE NO. 506 W. Biddle St.
(Usual place of abode)

WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1888

8 AGE: Years 40 | Months | Days | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md.

11 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Hospital Record

(Address)

Filed 1928 C. HARRISON JONES M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 6, 1928,

that I last saw h[illegible] alive on June 6, 1928

and that death occurred, on the date stated above, at 10 50 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mns. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs.

(Signed) John W. Jones, M. D.

, 19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Mt. Auburn Cem. June 9 1928

20 UNDERTAKER ADDRESS

Samuel Wembly 1128 Biddle

Spec.—1-12-23—M&T—500 Blks.

E 34726

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

37 E 34726

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. H-N WARD)

2-FULL NAME Edith Muse

(a) RESIDENCE NO. 766 Vine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov. 26, 1919

8 AGE — Years: 8 — Months: 6 — Days: 13 — If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER Warner Muse

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Virginia Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Informant Hospital Record (Address)

Filed 1928, 19 C. BARRON JONES, M. D. Registrar

Per ARH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 8, 1928, that I last saw her alive on June 8, 1928, and that death occurred, on the date stated above, at 5 25 a.m.

The CAUSE OF DEATH was as follows:

Tuberculous meningitis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. I. P. Levin, M. D.

6-9, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Grim

DATE OF BURIAL: 6/9 1928

20 UNDERTAKER: Daniel Easter

ADDRESS: 916 Penna Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 34727. HEALTH DEPARTMENT—CITY OF BALTIMORE 100-001 E 34727.

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1037 Light St. ST. 24-33 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Wicks

(a) RESIDENCE NO. 1037 Light St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Married |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Lillie Wicks

DATE OF BIRTH (month, day, and year) Aug 20.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 9 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Calvert Co.

10 NAME OF FATHER John H Wicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co.

12 MAIDEN NAME OF MOTHER Julia Ward.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co.

Informant Ernest Wicks

(Address) 1037 Light

Filed ..... 19 ..... CRAWFORD JONES, M. D.

JUN 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7-1928

17 I HEREBY CERTIFY, That I attended deceased from 6/6, 1928, to 6/7, 1928, that I last saw him alive on 6/6, 1928 and that death occurred, on the date stated above, at 3:00 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Whedbee, M. D.

6/7, 1928 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Co Md

DATE OF BURIAL 6/9 1928

UNDERTAKER William Cook

ADDRESS 502 E Wash

E 34728 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34728

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3909 Edmondson Ave. 70-7 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Meister

(Residence in Baltimore: No. 3909 Edmondson Ave St.; 60 yrs., 2 mos., 10 ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, ~~Widowed~~, ~~or Divorced~~, (Write the word.): Married

6-DATE OF BIRTH: March (Month) 29 (Day) 1865 (Year)

7-AGE: 60 yrs. 2 mos. 10 ds.

If LESS than 1 day, ....hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Butcher

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: George Meister

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Staffe

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Carrie E. Meister

(Address) 3909 Edmondson Ave

15-

Filed ..... 192.. Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, JUN 8 1928 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, au- (autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner.)

192.... (Address) [illegible]

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR ~~REMOVAL~~, London Park DATE OF BURIAL, JUN 11 1928, 19....

20-UNDERTAKER, Geo W Little ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 34729

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34729

## CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 18 WARD) 16

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alex Dunn

(a) RESIDENCE No. 843 W. Druid St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

6a If married, widowed, or divorced HUSBAND of or) WIFE of Gracie L. Dunn

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Servant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

10 NAME OF FATHER Jacob Dunn

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) ?

BALTIMORE CITY HOSPITALS

Informant .....
(Address) Richard D.

Filed ..... 19 ..... Registrar

1928 C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/1928

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928 to June 8, 1928.

that I last saw him alive on June 8, 1928

and that death occurred, on the date stated above, at 12:00 P. m.

The CAUSE OF DEATH* was as follows:

Anemia of pernicious type - hypoplastic

(duration) ..... yrs. 5 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Gynecological Surg.

(Signed) C. Holmes Engel, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Petersburg Va.

DATE OF BURIAL 6/9 1928

20 UNDERTAKER Daniel Carter

ADDRESS 516 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 34730

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34730

62

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 W. Lexington ST. 20-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth E. Atkinson,

(a) RESIDENCE No. 2111 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1924.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 3 | 8 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter M. Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Margaret Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1925. to June 8, 1928.

that I last saw her alive on June 7, 1928.,

and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Status lymphaticus.

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Convulsions

14 hours (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? --

(Signed) [illegible], M. D.

6/8, 1928 (Address) 1120 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Margaret Atkinson - mother. 2111 W. Lexington St., Balto.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL June 11, 1928

15 Filed 1928, 19 [illegible] Registrar

20 UNDERTAKER Joseph Syfer

ADDRESS 1600 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

E 34731

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34731

112

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq Hospital St., 14 Ward) 20

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dottie Liggetts

(a) RESIDENCE NO. 1838 Division St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur

6 DATE OF BIRTH (month, day, and year): April 20-1876

7 AGE: Years 32 Months 1 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Thomas

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Sarah Allen

(Address) 116 Marshall St

15 Filed_____, 19_____ Per_____ Registrar

1928 C. RAMON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Incident, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cyst of Uterus

AC. Cardiac Dilation

(duration) yrs. 1 mos. 4 Hrs

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed) G E Laushon M. D.

(Coroner)

19 (Address) 1431 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial 6/10/1928

20 UNDERTAKER: Wm. Geo. H. Holland ADDRESS: 103 David Hill Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 34732

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 31 E 34732

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Fleet ST., 1-V WARD) REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillie V. Gray

(a) RESIDENCE NO. 3114 Fleet ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred - yrs. 6 mos. - ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Gray

DATE OF BIRTH (month, day, and year): March 29 1867

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 61 | 62 | 2 | 8 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): South Carolina

10 NAME OF FATHER: Rufus Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

Informant: Dorothy Thompson

(Address) 3114 Fleet St

Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1928

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to June 7, 1928

that I last saw h[illegible] alive on June 5 1928

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis ?

Broncho Pneumonia.

5

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) T. Joseph Toulny M. D.

. 19 (Address) 8005 Elbow Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem

DATE OF BURIAL: June 11 1928

20 UNDERTAKER: George W. Zickler

ADDRESS: 1737 E. Eager St

Spec.—1-12-23—M&T—500 Bks.

E 34733

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34733

## CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bald Md. ST 11-24 WARD)

2-FULL NAME Toker Neal

(a) RESIDENCE NO. 234 W. Preston St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Widower |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Neal

6 DATE OF BIRTH (month, day, and year) January 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospl (Address)

15 Filed 6-16 1928, 19 H. HANSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-7 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-10-, 1927 to 6-7-, 1928

that I last saw him alive on 6-7-, 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism & Tuberculosis Pulmonis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Nancy Goldsmith M. D.

6/, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Cedar | June 9 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mrs. R. A. Elliott | 1125 Carlton Ave |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34734

## CERTIFICATE OF DEATH.

188-E 34734

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital, 7-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reynolds Nelson

(a) RESIDENCE NO. 810 N. Bond St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2-1922

| 7 AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 6 | 1 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER James Nelson

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Katie Bowie

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

14 Informant Mother

(Address)

15 Filed ..... 19 1928 RRH Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Junw 7/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

IntracranialHem. Frac Skull & Comp. Frac Rt. leg. Struck by Autstruck Madison St bet Bonb & Dalias. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

19 6/7/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County. Date of Burial June 10 1928

20 UNDERTAKER Smith & Sons ADDRESS 1111 N. Edmt

Spec.—1-12-23—M&T—500 Bks.

E 34735

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34735

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Esther Pl. ST.) 27-34 (WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Benson

(a) RESIDENCE NO. 3417 Esther Pl. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Mar 28 / 04

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 24 | 2 1 | 10 12 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER Francis M. Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Crom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mary Benson

(Address) 3417 Esther P.

Filed 1928 . 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 ✓ , 19 28 , to June 8 , 19 28 ,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 8 20 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, aortic stenosis, aortic insufficiency, mitral insufficiency

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. Sobital , M. D.

, 19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Loudon Pk

DATE OF BURIAL 6/11 1928

20 UNDERTAKER Philip Henry

ADDRESS 2016 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34736 E 34736

## CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3130 Ravenwood Ave ST., (6-40 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meta Fehrman

(a) RESIDENCE NO. 3130 Ravenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry Fehrman

6 DATE OF BIRTH (month, day, and year): July 15-1854

7 AGE: Years 73 | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Döhle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Henry Fehrman Jr 3130 Ravenwood Ave

Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 1928 to June 7th 1928

that I last saw h alive on June 7 1928 6:40 a.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination Blood, Urine

(Signed) E. Hawait Lowndes, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: 6/9/28

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

1928 C. HAMPSON JONES, M. D. ARH

Spec.—1-12-23—M&T—500 Bks.

E 34737. HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 34737

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2708 Jefferson ST. 6-10 WARD)

2-FULL NAME Alice A. Moran

(a) RESIDENCE No. 2708 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced (HUSBAND of or) WIFE of: the Richard T. Moran

6 DATE OF BIRTH (month, day, and year): May 27/44

AGE: Years 84 | Months — | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balt

10 NAME OF FATHER: John J. McNeir

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Malvina —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs. C. E. Moran

(Address) 2708 Jefferson St

Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to June 6, 1928, that I last saw her alive on June 6, 1928, and that death occurred, on the date stated above, at 10:25 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr. Arterial Hypertension (duration) 2 yrs.

CONTRIBUTORY (Secondary) Myocardial Insuff. Bil. Effusion (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. C. Stuart, M. D.

, 19 (Address) 156 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — DATE OF BURIAL 6/11 1928

20 UNDERTAKER: Antlip Hennig — ADDRESS 2016 Orleans

Spec.—1-12-23—M&T—500 Blks.

34738 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) West Balto. Gen. Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eng Kam Young

(a) RESIDENCE NO. Wilbur Spring Rd ST Dundalk.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Chinese

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17-1902

7 AGE: Years 25 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): China

10 NAME OF FATHER: Eng Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): China

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): China

Informant: Hospital Record

(Address)

Filed June 8, 1928 H. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to June 7, 1928

that I last saw him alive on June 7, 1928

and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculer Broncho pneumonia

(duration) yrs. 3 (?) mos ds.

CONTRIBUTORY (Secondary)

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Louis T. Lazar, M. D.

6/7, 1928 (Address) W. Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL 11 1928

20 UNDERTAKER: John F Denny ADDRESS 715 Lydia St

Spec.—1-12-23—M&T—500 Bks.

E 34739 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34739

## CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7110 Eernian St. 8-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenora Deal

(a) RESIDENCE NO. 7110 Eernian Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Deal

6 DATE OF BIRTH (month, day, and year) Oct 29-1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sarah J. Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant John F. Deal

(Address) 7110 Eernian ave

15 Filed JUN 9 - 1928 C. HARRISON JONES, Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1925, to June 7, 1928, that I last saw h[illegible] alive on June 7, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterial Hypertension

(duration) 3 yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Albert Rosenberg M. D.

6/8. 1928 (Address) 2025 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL June 10 1928

20 UNDERTAKER John Ullrich

ADDRESS 2025 E Monument

Spec.—2-29-28—L. F. S.—500 Bks.

E 84740 66

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-001 E 34740

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2515 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William P. Bell

(a) RESIDENCE NO. 105 South 2nd St. Brooklyn Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna

DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 27 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw Hat Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Lee Bros

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Samuel M. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Kate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

1928 C

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6-1928

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 6, 1928, that I last saw h[im] alive on June 6, 1928, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

Acute myocarditis (toxic) -

? acute endocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home - see address above

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Raymond Wing, M. D.

6/7/28 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL June 7 1928

20 UNDERTAKER A. Jones ADDRESS Md Glen

Spec.—1-10-21—M&T—1500 Blks.

E 34741

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34741

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Hilsdale ST. 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wilson Davis

(a) RESIDENCE NO. 600 Hilsdale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J Davis

6 DATE OF BIRTH (month, day, and year) Sept 10, 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 66 | 8 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford County Md

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Margaret Trent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Margaret J Davis (Address) 600 N Hilsdale Ave

15 Filed 6/9, 1928 CPH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to June 9, 1928, that I last saw h[illegible] alive on June 8, 1928, and that death occurred, on the date stated above, at 7.55 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. 9 mos. 24 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James L Kerr M. D.

6/9, 1928 (Address) 1724 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | June 11 1928 |
| 20 UNDERTAKER George J Smith | ADDRESS 1532 Hollins St |

Spec.—1-12-23—M&T—500 Bks.

Anna King

E 34742

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37 E 34742

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. 1522 (WARD)

2-FULL NAME Anna King

(a) RESIDENCE NO. 1347 N. Gilmor st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1914

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 14 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Andrew King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ida Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address) Baltimore, Md.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1928, to June 8, 1928,

that I last saw her alive on June 8, 1928,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Polyserositis, tbc.

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 3-14-28

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory & autopsy

(Signed) Henry C. Smith, M. D.

(Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — DATE OF BURIAL 6-11 1928

20 UNDERTAKER C. C. Wright — ADDRESS 1364 N. Carey st

Spec.—1-12-23—M&T—500 Blks.

34743

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

HAVE 34743

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. ST. 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David L. Tanzey.

(a) RESIDENCE NO. 107 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 77; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Morgantown W. Va.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant David A Williams

(Address) 4507 Maine Ave

Filed 1928, 19 C. HARRISON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1928

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1928, to June 9, 1928, that I last saw him alive on June 7, 1928, and that death occurred, on the date stated above, at 5:06 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia of Carcinoma

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4-12-28

Was there an autopsy? Yes

What test confirmed diagnosis? Specimen at autopsy.

(Signed) H. S. C. Feldman, M. D.

, 19 (Address) West Balto. General H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: June 11, 1928

20 UNDERTAKER: Harry R. Limacost — ADDRESS: 4204 Ridgewood Ave

Spec.—2-29-28—L. F. S.—500 Bks.

214842 E 34744

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 84 E 34744

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edwin Painter - Jr.

(a) RESIDENCE NO. 1138 N - Pedgate ST., Ave - WARD North - 2a -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1903

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 25 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist - 055

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Russia
(State or country)

10 NAME OF FATHER Antonow

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Antonow

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

Filed 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 - 28

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1928 to June 8, 1928, that I last saw him alive on June 8, 1928 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Right Cerebral
Glioma, Recurrent (Benign)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of June 24, 1927

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Christian Johnston, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 6/9 1928

20 UNDERTAKER [illegible] ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

#34746

34745

## CERTIFICATE OF DEATH.

E 34745

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 14 ST., 30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Uebel

(a) RESIDENCE NO. Ellicott City ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 26, 1878

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 4 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, Business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER George Uebel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Snader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Hospital Records

(Address)

Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-1, 1928, to 6-9, 1928, that I last saw h[illegible] alive on 6-9, 1928, and that death occurred, on the date stated above, at 10:45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 5-19-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory

(Signed) John Roberts Phillips M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ~~Ellicott City~~ Loudon Park DATE OF BURIAL June 12 1928

20 UNDERTAKER Easton Son ADDRESS Ellicott City

JUN 1928 H. M. JONES M. D.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34746

## CERTIFICATE OF DEATH

74-001

E 34746

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 563 E. 38th St. 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa a. McCarthy

(a) RESIDENCE NO. 563 E. 38th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. J. McCarthy

6 DATE OF BIRTH (month, day, and year) Aug. 16. 1856

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 71 | 9 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Rochester N. Y.

(State or country)

PARENTS

10 NAME OF FATHER John Weinistone

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Rebecca Farrell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Harry R. Lare

(Address) 563 E. 38th St.

15 Filed ..... 19 ..... Registrar

Klye.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-8-28. 19

17 I HEREBY CERTIFY, That I attended deceased from ....., 1924, to June 8, 1928.

that I last saw her alive on June 7, 1928.

and that death occurred, on the date stated above, at 9.50 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostasis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) Mary F. Vaughan, M. D.

6-9-, 1928 (Address) 1028 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral, Elm. Date of Burial June 11 1928

20 UNDERTAKER Margaret D. Flynn ADDRESS 1022 Eutaw St

Spec.—1-10-21—M&T—1500 Bks.

E 34747

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34747

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Riverside ave. 1131 (Home) REGISTERED NO.

CITY OF BALTIMORE: (No.) 1131 Riverside ave. (St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Henry Schillinger

(a) RESIDENCE NO. 1131 (Usual place of abode) Riverside ave. ST. WARD 24th.

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Widowed |

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of Annie Schillinger

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1869

| 7 AGE | Years | Months | Days | IF LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 6 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer (Self)

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Louis Schillinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elizabeth Worth (Address) 1121 Riverside ave.

15 Filed JUN 10 1928, 19 H. M. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to June 7, 1928, that I last saw him alive on June 7, 1928, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH was as follows:* Broncho pneumonia Acute dilatation of heart,

(duration) May 20-28 6 yrs mos 7 ds-1928

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) W Warren Walker M. D.

19 (Address) 835 Light St. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery DATE OF BURIAL 6/11 1928

20 UNDERTAKER Margaret E. Flynn ADDRESS 1111 Light St.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34748

## CERTIFICATE OF DEATH.

45 E 34748

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. ST. 1125 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Gunning

(a) RESIDENCE NO. 217 W. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6 1874

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 50 | — | 1. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work -

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer Mrs Machin

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Arthur W. Machen

(Address) 711 W. Monument St

15 Filed NOV 19 1928 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-8 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-6, 1928, to 6-8, 1928, that I last saw her alive on 6-8, 1928, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-6-28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lange C Burd, M. D.

, 19 (Address) 2203 N. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 6/11 1928

20 UNDERTAKER Chas. L. Stevens & Son Co.

ADDRESS 1501 E

Spec.—1-12-23—M&T—500 Bks.

E 34749

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34749

129

REGISTERED NO. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Druid Hill Ave ST., 13-59 WARD

2-FULL NAME Henrietta King

(a) RESIDENCE NO. 2123 Druid Hill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles King

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER Hezekiah Brown

11 BIRTHPLACE OF FATHER (city or town) Anne Arundel Co. Md. (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Brown

13 BIRTHPLACE OF MOTHER (city or town) Anne Arundel Co. Md. (State or country)

14 Informant Irene Taylor

(Address) 2123 Druid Hill Ave

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 - 1928

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to June 8, 1928, that I last saw h[illegible] alive on June 8, 1928, and that death occurred, on the date stated above, at 2:20 m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edw. J. Wheeler M. D.

June 8 1928 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cem | June 11 1928 |
| 20 UNDERTAKER | ADDRESS |
| Robert J. Williams | 1515 Mc Elderry |

NOV 10 1928 [illegible] JONES, M. D.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34750 — 1-PLACE OF DEATH

47 E 34750 — REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St., 7-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Butterfield

(a) RESIDENCE NO 2522 McElderry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry B. Butterfield

6 DATE OF BIRTH (month, day, and year) Nov 18/82

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 45 | 6 | 21 |

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Cadz

(State or country)

PARENTS

10 NAME OF FATHER Henry Menard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ger

12 MAIDEN NAME OF MOTHER Henrietta

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger.

14 Informant Harry B. Butterfield

(Address) 2522 McElderry

15 Filed JUN 19 1928, 19 C. HILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8/28 19

17 I HEREBY CERTIFY, That I attended deceased from 1/31/28, 19 ..., to 6/8/28, 19 ..., that I last saw h.e alive on 6/8/28, 19 ..., and that death occurred, on the date stated above, at 8:40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast

(duration) ... yrs. 17 mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 2/18/28

Was there an autopsy?

What test confirmed diagnosis? Microscopic

(Signed) J. D. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem — Date of Burial 6/11 1928

20 UNDERTAKER Philip Herwig — ADDRESS 201

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34751

## CERTIFICATE OF DEATH.

160

E 34751

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Roland Ave ST.) (13-52 WARD)

2-FULL NAME Hayden DeHoff Cohen,

(a) RESIDENCE NO. 3917 Roland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Mar 18. 1928.

7 AGE: Years — Months 2 Days 21 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Ray Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margaret Hayman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D.C.

14

Informant: Margaret Cohen

(Address) 3917 Roland Avenue

15

Filed JUN 10 1928 C. HAMPTON JONES, R. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Mar 18, 1928, to June 9, 1928.

that I last saw him alive on June 9, 1928

and that death occurred, on the date stated above, at 12 Nm.

The CAUSE OF DEATH* was as follows:

Anemia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Icterus Neonatorum

(duration) from birth ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward H. Richardson, M. D.

6/9/1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: June 11 1928

20 UNDERTAKER: Walter R. McNamee — ADDRESS: 4114 Falls Rd.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 34752

E 34752

## CERTIFICATE OF DEATH.

101-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1122 N. Stricker St. 16-22 Ward)

2-FULL NAME Louis Sisco

(a) RESIDENCE NO. 1122 N. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Sisco

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 47 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): 035

(c) Name of employer

9 BIRTHPLACE (city or town): Calvert Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Sisco

11 BIRTHPLACE OF FATHER (city or town): Calvert Co

(State or country)

12 MAIDEN NAME OF MOTHER: Rahel Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Calvert Co Md

14 Informant: Ethel Sisco

(Address): 1026 N. Mount

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signature) H. A. Link M. D. (Coroner)

(Address) June 8th 1928. with Dr. V. Dine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE. (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs., ..... mos., ..... ds. In the State..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial 6/10 1928

20 UNDERTAKER: Thomas E. Kelson ADDRESS 1307 Fremont Ave

JUN 10 1928 Reg

Spec.—2-29-28—L. F. S.—500 Blks.

E 34753

# HEALTH DEPARTMENT—CITY OF BALTIMORE

31 V

## CERTIFICATE OF DEATH

E 34753

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 220 N. Montford ST., Ave 10 WARD)

2—FULL NAME Tinnie Manns.

(a) RESIDENCE NO. 220 N. Montford, ST., Ave. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

DATE OF BIRTH (month, day, and year) 1889

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 39 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER John Brown. Manns.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Jack Manns.

(Address) 220 N. Montford Ave

Filed JUN 11 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/28.

17 I HEREBY CERTIFY, That I attended deceased from Mar 31, 19 28, to June 9, 19 28,

that I last saw h alive on June 8, 19 28.

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy Heart

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. N. Meyer, M. D.

6/9, 19 28 (Address) 1500 E 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Spencer Va | June 10, 19 28 |
| 20 UNDERTAKER Edward Bryan | ADDRESS 1631 orleans st |

Spec.—2-29-28—L. F. S.—600 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34754

## CERTIFICATE OF DEATH

90 E 34754

1—PLACE OF DEATH 519 N. Caroline St. REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Isaacs

(a) RESIDENCE NO. 519 N. Caroline St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| f | cd. | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1872

| AGE | Years | Months | Days | If LESS than 1 day, hrs or, min. |
|---|---|---|---|---|
| | 56 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 90

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Perry J. Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margrett armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs Campfer

(Address) 519 N. Caroline St

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1-28

17

I HEREBY CERTIFY, That I attended deceased from 6-6, 1928, to 6-1, 1928, that I last saw h alive on 6-1, 1928 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Paraplegia

Myocarditis Cardiac Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. K. J. Butler, M. D.

, 19 (Address) 425 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mayothy cemetery a.a co — DATE OF BURIAL June 11 1928

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

E 34755 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34755

CERTIFICATE OF DEATH. 129 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 Central ave St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Williams

(Residence in Baltimore: No. 406 N. Central ave St.; yrs. 10 mos. ds.)

## PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE. | 5-Single, Married, Widowed, or Divorced, (Write the word.) |
|---|---|---|
| F | C | Mar |

6-DATE OF BIRTH. ..... (Month) ..... (Day) 188 (Year)

| 7-AGE. | If LESS than 1 day, |
|---|---|
| 46 yrs. mos. ds. | hrs. or min.* |

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9-BIRTHPLACE, (State or Country): John island S.C

PARENTS.

10-NAME OF FATHER. James Blake

11-BIRTHPLACE OF FATHER, (State or Country). S.C

12-MAIDEN NAME OF MOTHER. Marrie Roberson

13-BIRTHPLACE OF MOTHER, (State or Country). S.C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geoge Blake

(Address) 1303 orleans st

15- C. HAMILTON JONES, M. D.

Filed ..... 192 ..... Registrar.

FR 1928

## CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 7/28 (Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. McCollum M. D.
(Coroner.)

6/9/28 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19-PLACE OF BURIAL OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| asbury cemetery | June 10 1928 |

20-UNDERTAKER. Edward Bryan ADDRESS 1681 orleans st

Cor.—12-9-25—A Co.—200 Bks.

E34756 HEALTH DEPARTMENT—CITY OF BALTIMORE E34756.

143-001

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 6-4 Ward)

2-FULL NAME Evelyn Bruder

(a) RESIDENCE NO. 1033 Jefferson St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred T. Bruder

6 DATE OF BIRTH (month, day, and year): July 10/19 0

7 AGE: Years 21 | Months 10 | Days 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Balto., Md.

(State or country)

10 NAME OF FATHER: Vincent Palewech

11 BIRTHPLACE OF FATHER (city or town): Poland

(State or country)

12 MAIDEN NAME OF MOTHER: Josephine Skrakowski

13 BIRTHPLACE OF MOTHER (city or town): Poland

(State or country)

PARENTS

OF DEA... very important.

14 Informant: Husband

(Address)

15 Filed June 10 1928 RAYMOND JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jun 8/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis-Peritonitis due to abortion probably self induced.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Beall, M. D.

(Coroner)

6/10-28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial 6-11-1928

20 UNDERTAKER: J. A. Mann ADDRESS 3110 E. Biddle

Spec.—1-12-23—M&T—500 Bks.

E 34757 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34757

## CERTIFICATE OF DEATH.

75-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 528 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Sevis,

(a) RESIDENCE NO. 411 W. Exeter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Sevis

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant (Address) Records.

15 Filed NOV 10 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/1928

17 I HEREBY CERTIFY, That I attended deceased from May 24, 19 28 to June 9, 19 28

that I last saw him alive on June 9, 19 28

and that death occurred, on the date stated above, at 9:00 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - right

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross Exam

(Signed) C. Arthur Pancoast M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 6/11 1928

20 UNDERTAKER Wm Cook — ADDRESS 500 E. Lexington St.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34758 74-001 E 34758

1—PLACE OF DEATH

REGISTERED NO. 25-75

CITY OF BALTIMORE: (No. 442 Patapsco ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Zachariah Woods.

(a) RESIDENCE NO. 442 Patapsco ST., (Brooklyn) WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | 4 COLOR OR RACE: W. | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Woods

DATE OF BIRTH (month, day, and year): Nov 7 - 1841

AGE: Years 87 | Months 6 | Days 10 | If LESS than 1 day..... hrs. or..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Retired boat owner

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Joshua. Woods.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltr

12 MAIDEN NAME OF MOTHER: Heathine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltr.

Informant: Annie Woods.

(Address) 442 Patapsco ave

Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7-1928

17 I HEREBY CERTIFY, That I attended deceased from June 6th, 1928, to June 7th, 1928.

that I last saw him alive on June 7th, 1928

and that death occurred, on the date stated above, at 11 5/12 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 1 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Henry Theibert M. D.

6/9, 1928 (Address) 224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation | DATE OF BURIAL: 6/10 1928.

20 UNDERTAKER: W. M. Cook | ADDRESS: 532 E North Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34759

## CERTIFICATE OF DEATH

90 E 34759

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 Orleans St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adora White

(a) RESIDENCE NO. 1113 Orleans St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ether White

6 DATE OF BIRTH (month, day, and year) 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 49 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Redman White

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Victoria Hazelton

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Elizabeth Coates

(Address) 81 Edmondson Ave.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 7, 1928

that I last saw h[illegible] alive on June 6, 1928,

and that death occurred, on the date stated above, at 7:05 a. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

June 9, 1928 (Address) 508 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashburn Cemetery — Date of Burial June 11 1928

20 UNDERTAKER Chas. H. Johnson — ADDRESS 4[illegible] W. Baltimore St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 34760

1-PLACE OF DEATH

City of BALTIMORE: (No. 2821 Woodbrook ave St.) 13-59 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beulah V. Richardson

(a) Residence No. 2821 Woodbrook ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thos. F. Richardson

6-DATE OF BIRTH (month, day and year) Feb 11-1862

7-AGE. 65 yrs. 4 mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town). (State or Country). Whitlock Depot Va.

PARENTS.

10-NAME OF FATHER. Joseph Ware

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Malinda Fitchett

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Va

11- (Informant) Mrs Kunzemann

(Address) 2821 Woodbrook ave

15- Filed 6 1928 19?? Per C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 9/28.

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928 to June 9 1928 that I last saw h[illegible] alive on June 7 1928 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis & Chronic tubercular nephritis & Arteriosclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute bilateral pneumonia, Edema (Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Examination

(Signed) Frank V. Chance M. D.

6/10, 1928 (Address) 804 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem. DATE OF BURIAL. June 11, 1928

20-UNDERTAKER. Wm F. Porter ADDRESS 553 Fulton

Spec.—2-29-28—L. F. S.—500 Bks.

E 34761 HEALTH DEPARTMENT—CITY OF BALTIMORE 34761

CERTIFICATE OF DEATH 129 E 34761

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1534 Hanover ST. 16-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John C. Engelhardt.

(a) RESIDENCE NO. 1042 Homewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male, | White. | Married. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Lattie A. Engelhardt.

DATE OF BIRTH (month, day, and year) Oct, 29, 1861

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66, | 6, | 9. | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Groceman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Engelhardt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Lottie----- -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Lattie A. Engelhardt.

(Address) 1042 Homewood Ave.

Filed 10 1928 19 [illegible] JONES, R. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928. to June 7 1928.

that I last saw h[illegible] alive on June 7 1928

and that death occurred, on the date stated above, at 10 P in.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

6/8, 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Balto. Cem. | June 11 1928 |
| 20 UNDERTAKER | ADDRESS |
| C. Howard Evans | 38 E. Madison |

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34762 — CERTIFICATE OF DEATH. — E 34762

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE. NO. (Usual place of abode) WARD. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No wife

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 45 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: M/S TERGESTEA

9 BIRTHPLACE (city or town) (State or country): TRIESTE, ITALY

PARENTS

10 NAME OF FATHER: Giovanni Picco

11 BIRTHPLACE OF FATHER (city or town) (State or country): Trieste Italy

12 MAIDEN NAME OF MOTHER: Anna Benanja

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Trieste Italy

14 Informant (Address): Capt. E. Gilbert M/S Tergestea

15 Filed [illegible] 19 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10 1926

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to June 10, 1926

that I last saw him alive on June 9, 1926,

and that death occurred, on the date stated above, at 9.45 A.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(From Coronary Embolism)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) P. O'Kelly M. D.

, 19 (Address) 1004 E. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 11 1926

20 UNDERTAKER: Frank V. Lipsitz — ADDRESS: 241 E. Baltimore St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34763 — 129 — E 34763

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 3505 (ST.) Chestnut Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J Jenkins

(a) RESIDENCE NO. 3505 ST., Chestnut Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, ~~Married~~, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Widower |

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Victoria Jenkins

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs. A Jenkins (Address) 1938 Chestnut Ave

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 8, 1928, that I last saw h[im] alive on June 8, 1928, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ch Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) C. F. Ridgely M. D.

6-9 1928 (Address) 3101 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn | June 11 1928 |
| 20 UNDERTAKER | ADDRESS |
| Ehrenworth Son | 3409 Chestnut Ave |

JUN 11 1928

Pat

Cor.—12-9-25—A Co.—200 Bks.

E 34764

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001

E 34764

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1003 N. Wolfe St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Suchawerchi

(a) RESIDENCE NO. 1003-5 N. Wolfe St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 19 yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | single |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Feader Suchawerchi

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Thapia Lewashik

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Matthew Suchercni

(Address) 1513 Eastern Ave

15 Filed JUN 11 1928, 19 ___ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jun 9/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Apoplexy

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Collins, M. D.

(Coroner)

19 (Address) 6/10/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Independent Date of Burial June 11 1928

20 UNDERTAKER John Gablinskas ADDRESS 423 S. Paca St.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34765

# CERTIFICATE OF DEATH

49 E 34765

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2912 Auchentoroley Terrace St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabel Carr

(a) RESIDENCE NO. 2912 Auchentoroley Terrace St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 13, 1862

7 AGE: Years 65 Months 7 Days 25 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Carr

11 BIRTHPLACE OF FATHER (City or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Isabel Kur

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mary A. L. Carr

(Address) 2912 Auchentoroley Terrace

15 Filed [illegible] 19 27 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1928, to June 8, 1928, that I last saw her alive on June 7, 1928, and that death occurred, on the date stated above, at 7:20 A. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma

Carcinoma of Lung

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of Apr 20, 1928

Was there an autopsy?

What test confirmed diagnosis? Tissue Exam at Junction

(Signed) Geo. D. Rome M. D.

June 11 1928 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: June 11, 19 28

20 UNDERTAKER: John D. Mitchell & Sons ADDRESS 1900 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34766
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

11-002

E 34766
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2106 Eutaw Place St.) (13-59 WARD)

2-FULL NAME William F. Lewis.

(a) RESIDENCE NO. 2106 Eutaw Place St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Lewis

6 DATE OF BIRTH (month, day, and year) 7/6/1852

| 7 AGE | Years | Months | Days | If LESS than 1 day. hrs. or min. |
|---|---|---|---|---|
| | 76 | 3 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William M. Lewis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Georgiana Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Anna M. Lewis.
(Address) 2106 Eutaw Place

15 Filed ..., 19 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 Oct 1928

17 I HEREBY CERTIFY, That I attended deceased from 4/17, 1928, to 6 Oct 6, 1928, that I last saw him alive on 4 Oct 7, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Enlargement of Heart

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Chew, M. D.

(Address) 924 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy DATE OF BURIAL Oct 11, 1928

UNDERTAKER Wm. O. Mitchell & Sons ADDRESS 1900 Eutaw Place

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34767

## CERTIFICATE OF DEATH.

129

E 34767

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1818 N. Regester St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph F. Gross

(a) RESIDENCE NO. 1818 N. Regester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Gross

6 DATE OF BIRTH (month, day, and year) Oct. 13/1892

| 7 AGE Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|
| 35 | 7 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Yard

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Frank Gross

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country)

12 MAIDEN NAME OF MOTHER Cath. Neubert

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country)

14 Informant Mrs. Mary Gross

(Address) 1818 N. Regester

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th 1928. 19

17 I HEREBY CERTIFY, That I attended deceased from June 5th 28, to June 8th 28, 19 ..., that I last saw h.. alive on June 8th 28, 19 ..., and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH was as follows:

Acute Parenchymatous Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Pericarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Uranalysis

(Signed) Louis Krause, M. D.

19 (Address) 20 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial June 12 1928

20 UNDERTAKER Jos. J. Herr ADDRESS 156 N. Eutaw

Spec.—1-12-23—M&T—500 Bks.

# E 34768 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34768

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Greenmount Ave ST. 17 11 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morton Flaherty

(a) RESIDENCE No. 112 Greenmount Ave ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 24 - 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 73 | 6 | 15 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Govans Md
(State or country)

10 NAME OF FATHER Patrick Flaherty

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Clancy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

Informant Mrs Annie M Fracker
(Address) 112 Greenmount Ave

Filed ..... 19 ..... [illegible] JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15/28, 19..... to June 9/28. 19 ....., that I last saw him alive on * June 5/28, 19 ..... and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency- General
Senile Sclerosis (cerebral &
Arterial)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

6/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cemetery | June 12 1928 |

20 UNDERTAKER Robt J Turner Sons

ADDRESS 1462 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34769 E 34769

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Portugal St. 1-3 WARD)

2-FULL NAME Marcel Cichocki

(a) RESIDENCE NO. 2214 Portugal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julianna Cichocki

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: John Cichocki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Julia Cichocki 2214 Portugal St.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to June 8, 1928, that I last saw h[illegible] alive on June 8, 1928 and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency,
Chronic Arteriosclerosis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. L. Feinglas, M. D.

6/16, 1928 (Address) 2100 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: June 12 1928

20 UNDERTAKER: J. W. Brazewski — ADDRESS: 1930 Fleet

Spec. -7-17-26—A Co.—200 Bks.

E 34770

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74-28

E 34770

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1924 E Lombard St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Kiebler

(a) RESIDENCE NO. 1924 E Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George

6 DATE OF BIRTH (month, day, and year): Dec. 5 1867

7 AGE: Years 60 Months 6 Days 3 — 61 5 13 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: John H Kelly

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Nixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Edna Greer

(Address): 1924 E Lombard St

15 Filed ..., 19 ... Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-8- 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-4- 1928, to 6-8- 1928, that I last saw him alive on 6-8- 1928 and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) 2 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geo. H. Keller M. D.

6-11- 1928 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: June 12 1928

20 UNDERTAKER: Martin W E Deppe Inc — ADDRESS: 31 S Am

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34771

## CERTIFICATE OF DEATH.

101-001

E 34771

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Lanvale ST., 16 WARD)

2-FULL NAME Martha E. Larkin

(a) RESIDENCE NO. 1519 Lanvale ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 1 Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26 1928

7 AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 0 | 2 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John W. Larkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elena Wolford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John W. Larkin father
(Address) 1519 W. Lanvale St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/22, 1928, to 6/9, 1928, that I last saw h alive on 6/9, 1928 and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ray Clutter M. D.

(Address) 214 Dk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: June 11 1928

20 UNDERTAKER: Jno. M. Johnson — ADDRESS 1239 Bltimore St.

JUN 11 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34772
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 34772
REGISTERED NO.

City of BALTIMORE: (No 406 N. Robinson St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chester A. Griner

(a) RESIDENCE NO. 406 N. Robinson St. Ward
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Emma C. Griner

6 DATE OF BIRTH (month, day, and year)
September 11th 1884

| 7 AGE Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 43 | 8 | 27 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER John H. Griner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Bast

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs Emma C. Griner
(Address) 406 N. Robinson St.

15 Filed....., 19 .....
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 8/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Emphysema / Cardiac Decompensation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) J. H. Ellis (Coroner) M. D.

6/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
Loudon Park Cemetery — June 11/1928

20 UNDERTAKER — ADDRESS
Wm J Tickner & Sons — N & Pa.

Spec.—1-12-23—M&T—500 Bks.

E 34773 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34773

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 229 N. Fulton Ave ST. 17 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Priscilla R. Riley

(a) RESIDENCE NO. 229 N. Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. T. Riley

6 DATE OF BIRTH (month, day, and year) Aug 29-1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 66 | 10 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md

PARENTS

10 NAME OF FATHER Jethro T. Woolford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A. Munty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant Jesse Riley (Address) 759 Linwood Ave

15 Filed JUN 11 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to June 8, 1928, that I last saw h alive on June 8, 1928, and that death occurred, on the date stated above, at 3 30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) 2 yrs. 8 mos 4 ds.

CONTRIBUTORY (Secondary) Mitral Heart Disease

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6/9, 1928 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL June 11 1928

20 UNDERTAKER Wm J. Tickner Son ADDRESS N. Y Pa.

Spec.–7-17-26–A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34774

## CERTIFICATE OF DEATH

X 117 E 34774

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Dryden

(a) RESIDENCE NO. Pikesville, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~5~~ yrs. mos. 3 ds. How long in U. S. if of foreign birth? 53 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE: Years 53 Months Days IF LESS than 1 day ..hrs. or ..min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman- U.R.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Dryden

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mary Payne

(Address) Pikesville Md

15 Filed ..., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/28 19

17 I HEREBY CERTIFY, That I attended deceased from 6/6/28, 19.., to 6/9/28, 19..,

that I last saw h~~im~~. alive on 6/9/28, 19..,

and that death occurred, on the date stated above, at 4 45 ~~AM~~ PM m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Several years yrs. mos ds.

CONTRIBUTORY (Secondary) Acute appendicitis

(duration) ..yrs. mos 6 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of 6/6/28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) J. E. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem Date of Burial 6/12 1928

20 UNDERTAKER: W W Shriver ADDRESS 1014 Edmondson Ave

Filed 1928 Registrar

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34775

## CERTIFICATE OF DEATH.

E 34775

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1348 Cleveland St. 21-29 Ward)

2-FULL NAME Henrietta Bryan

(a) RESIDENCE NO. 1348 Cleveland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14/1878

7 AGE Years 50 Months 3 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

10 NAME OF FATHER Wm Mebook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant Wm Bryan (Address) 1348 Cleveland St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. ds.

Signed J C Staden M. D.

(Coroner)

June 9 19 28 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 6/11/1928

20 UNDERTAKER Samuel Taylor ADDRESS 916 Park Ave

JUN 11 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34776

## CERTIFICATE OF DEATH.

112 ✓

E 34776

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1324 Whatcoat St., 15-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Butler

(a) RESIDENCE NO. 1324 Whatcoat St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marian Butler

6 DATE OF BIRTH (month, day, and year): 1898

7 AGE: Years 30 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Mukuna

(c) Name of employer

9 BIRTHPLACE (city or town): Greensboro

(State or country) Ala

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town): Greensboro

(State or country) Ala

12 MAIDEN NAME OF MOTHER Mkuna

13 BIRTHPLACE OF MOTHER (city or town): Greensboro

(State or country) Ala

14 Informant: Marian Butler

(Address) 1324 Whatcoat

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) did that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) ..... yrs. 2 hours

CONTRIBUTORY (Secondary) Error of diet.

(duration) 5 yrs. ..... mos. ..... ds.

(Signed) H. S. Linke M. D.

June 9 , 19 (Address) 1008 Park Ave.

(Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial June 12 1928

UNDERTAKER: Virginia A Brooks ADDRESS: 1463 N Carey St

Spec.—1-12-23—M&T—500 Blks.

Bessie Monville Rennous

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34777

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

47 E 34777

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2928 St. Paul ST. 12-50 WARD)

2-FULL NAME Bessie Morville Rennous

(a) RESIDENCE NO. 2928 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) ---------

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 50 | -- | -- | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Rennous

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Carrie J. Brawner
(Address) 2928 St. Paul Street

15 Filed ..., 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 1928

17

I HEREBY CERTIFY, That I attended deceased from March 25 1928, to June 9th 1928, that I last saw h[illegible] alive on June 8th 1928, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of "

Was there an autopsy? No

What test confirmed diagnosis? "

(Signed) J. Holmes Bucks M. D.

6/10 1928 (Address) 810 S. Clinton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: 6/11 1928

20 UNDERTAKER: Henry U. Mears & Son — ADDRESS: 805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

E 34778

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 34778

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST. (WARD)

2-FULL NAME Ida Larkin

(a) RESIDENCE NO. 201 Lloyd st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frank Larkin

6 DATE OF BIRTH (month, day, and year) 1902 Jan 2

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 26 | 5 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Floyd Wickerson ~~Lockhurson~~

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillie Carl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1928, to June 10, 1928, that I last saw her alive on June 10, 1928, and that death occurred, on the date stated above, at 9.35 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Lab.

(Signed) F. Maddux M. D.

6-10 28 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. | DATE OF BURIAL June 14 28

20 UNDERTAKER Jos Juerdens Son | ADDRESS 2078 Pa

Spec.—1-12-23—M&T—500 Bks.

HURTT

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34779 E 34779

## CERTIFICATE OF DEATH.

49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 812 W. Fayette ST., (or) WARD

2-FULL NAME Ruth Rigby Hurtt

(a) RESIDENCE NO. 812 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 18/1906

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 6 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Correspondence Secty

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Montgomery Ward Baltimore Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Charles B. Hurtt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Florence B. Hurtt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Florence B. Hurtt (Address) 812 W. Fayette St

15 Filed JUN 11 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1— 1927 to June 8 1928, that I last saw h[illegible] alive on June 8 1928 and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma left femur.

(duration) One yrs. — mos — ds.

CONTRIBUTORY (Secondary) None Known

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Chas. J. Keller M. D.

June 9 1928 (Address) 2nn W. Monumente

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 6/11/28

20 UNDERTAKER Geo. W. Boyce & Son — ADDRESS 2503 Edmondson Ave

[illegible] M. D.

Spec.—1-12-23—M&T—500 Blks.

E 34780 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 34780

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. 12-51

CITY OF BALTIMORE: (No. 369 W. 31st St ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jennie Van Trump

(a) RESIDENCE NO. 369 W 31st st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1872

6 DATE OF BIRTH (month, day, and year) Mar 14, 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 1 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co. Pa

PARENTS

10 NAME OF FATHER Michael D. Trout

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co. Pa

12 MAIDEN NAME OF MOTHER Jemima Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Co. Pa

14 Informant Mrs. C. E. Tanner

(Address) 369 W. 31st

15 Filed JUN 11 1928 C. HERBERT JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 8, 1928, that I last saw he alive on June 8, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Cerebral Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Sign

(Signed) J. H. Martin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Lib'ty. Balto. Co. DATE OF BURIAL June 11 1928

20 UNDERTAKER P. Mackenzie Sons ADDRESS White Hall Md

Spec.—2-29-28—L. P. S.—500 Blks.

E 34781

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-001

REGISTERED NO. E 34781

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S. Port ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME WILLIAM J. CUDNIK.

(a) RESIDENCE NO. 521 S. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 28-1928.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 2 | 13 12 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child, old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, MD.

10 NAME OF FATHER William Cudnik,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, MD.

12 MAIDEN NAME OF MOTHER Sophia ~~Podnak~~ Bogdan,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimoe, MD.

Informant William Cudnik,

(Address) 521 S. Port Street

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10/1928.

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 10, 1928, that I last saw h[illegible] alive on June 10, 1928 and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac F. Ziegler, M. D.

6/10, 1928 (Address) 700 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Stanislaus. | June 11 1928. |
| 20 UNDERTAKER M. F. Sadowski. | ADDRESS 701 S. Conkling St |

Cor.—12-9-25—A Co.—200 Bks.

34782

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001

E 34782

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hutchinson

(a) RESIDENCE NO. 937 S. Sharp St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 3 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Hutinhinson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary ------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Isaah L. Brown

(Address) 108 W. Montgomery St Balto. Md.

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jun 7/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

6/9/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct. Date of Burial June 11 19

20 UNDERTAKER I. L. Brown & Son ADDRESS 108 W. Montgomery St

JUN 11 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34783

## CERTIFICATE OF DEATH.

179 E 34783

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. St Joseph Hospital St., 9-46 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mabel L Link

(a) RESIDENCE NO. 1124 Homestead St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3/7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10/24

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 3 | 11 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Arthur W. Link

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Thersa Evans

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed _____ 19____ Per _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 8/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns- Clothing caught fire while striking matches

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.
(Coroner)

6/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs......mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial June 11 1928

20 UNDERTAKER Wellman & Co ADDRESS 532 E Nath

Cor.—12-9-25—A Co.—200 Bks.

E 34784

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

91-002 E 34784

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals St. 7-21-28 Ward

2-FULL NAME Catherine Brown

(a) RESIDENCE NO. 745 Alpaca St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Brown

6 DATE OF BIRTH (month, day, and year): May 13 1867

7 AGE: Years 61 Months 0 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Andrew Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva Leyring

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: John T. Brown

(Address): 745 Alpaca Court

15 Filed ..... 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Dementia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. Harlow M. D.

(Coroner)

6 10. 1928 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 745 Alpaca St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Western Cemetery June 11 1928

20 UNDERTAKER: George L. Schwartz ADDRESS 910 Pratt St.

Spec.—1-12-23—M&T—500 Bks.

E 34785

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34785

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY [illegible] ST. 1-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Taylor

(a) RESIDENCE NO. 416 Aliceson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 36 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Falls (State or country) Md.

10 NAME OF FATHER Henry Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Scribner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant

(Address)

Filed 19 JUN 11 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/1928

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1928 to June 10, 1928

that I last saw h[illegible]live on June 10, 1928

and that death occurred, on the date stafed above, at 10 12 A m.

The CAUSE OF DEATH* was as follows:

myocarditis, chronic & acute.

hypertension

auricular fibrillation

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general

(Signed) C. Holmes Grund M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violeot Causes, state (1) Means and Nature of Injtry, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

BALTIMORE CITY HOSPITALS UNIVERSITY OF MARYLAND C. HAMPSON JONES, M. D. JUN 11 1928

Spec.—1-12-23—M&T—500 Bks.

Raleigh Downs

E 34786

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34786

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raleigh Downs

(a) RESIDENCE NO. 511 Lee st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widower |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1902

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 26 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Nelson Downs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed ..., 19... C. HARRISON JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1928

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1928, to June 7, 1928,

that I last saw h in alive on June 7, 1928,

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Lab.

(Signed) L. E. Madden M. D.

6-9-1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.—See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

JUN 11 1928

Spec.—1-12-23—M&T—500 Bks.

E 34787 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34787

## CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS [redacted] ST. ..... WARD)

2-FULL NAME Philip Stuebner.

(a) RESIDENCE No. 100 W. Hunt ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | ? |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 13

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Geo. Stuebner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Geller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant ..... (Address) Records

Filed ..... 19 ..... Registrar

BALTIMORE CITY HOSPITALS C. HARRISON JONES, M. D. JUN 1 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/1928

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to June 10, 1928

that I last saw him alive on June 10, 1928

and that death occurred, on the date stated above, at 6 15 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Myocarditis, Chronic (duration) ? yrs. ? mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Gross & Sus

(Signed) C. Harrison Jones, M. D.

....., 19 ..... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL ..... 19 |
|---|---|
| 20 UNDERTAKER | ADDRESS |

Spec.—1-12-23—M&T—500 Blks.

E 34788 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34788

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6 E. Read (ST.) 11-15 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Sweeney

(a) RESIDENCE NO. 6 E. Read ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia D Sweeney

6 DATE OF BIRTH (month, day, and year): Sept 29-1899

7 AGE — Years: 28 Months: 8 Days: 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher 068

(b) General nature of industry, business, or establishment in which employed (or employer): Balto City Colls

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: John J. Sweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Agnes G. Burcell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

Informant: Agnes G. Sweeney

(Address)

Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10 1928

17

I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to June 10, 1928, that I last saw him alive on June 9, 1928, and that death occurred, on the date stated above, at 2.60 A.m

The CAUSE OF DEATH* was as follows:

Septicemia.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute tonsilitis + Bronchopneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 6 E Read

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Harry McCarty, M. D.

6/11, 1928 (Address) 37 W. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: June 12 1928

20 UNDERTAKER: F. C. Krause & Son — ADDRESS: 703 Hanover St

1928 C. HAMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34789 58-001 E 34789

## CERTIFICATE OF DEATH

REGISTERED NO. 4322

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2552 W Lombard ST. M-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A Eichner

(a) RESIDENCE NO. 2552 W Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of George C. Eichner

DATE OF BIRTH (month, day, and year) May 18, 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| [redacted] | 60 | | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Louis C Uhl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Heiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Lillie Eichner

(Address) 2552 W Lombard St

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 4th, 1928, to June 10, 1928, that I last saw her alive on June 9, 1928, and that death occurred, on the date stated above, at 3. A.M. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) ✓ yrs. 6 mos. ✓ ds.

CONTRIBUTORY (Secondary) Edema. Heart.

3 weeks (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Blood Count

(Signed) Charles H Medders, M. D.

, 19 (Address) 730 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetary | June 13 1928 |
| 20 UNDERTAKER Geo L Schwab | ADDRESS 201 Fredericks |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34790 E 34790

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Max Kohlenstein.

CITY OF BALTIMORE: (No. 424 N. Green ST. 17 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Kohlenstein

(a) RESIDENCE NO. 424 N. Green ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND OF (or) WIFE OF Bettie Kohlenstein

6 DATE OF BIRTH (month, day, and year) April 20 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 1 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Produce

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Simon Kohlenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Katz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hannah Kohlenstein

(Address) 424 N. Greene St.

15 Filed 1928 Jun 19 C. BARTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1928

17 I HEREBY CERTIFY, That I attended deceased from March 24. 1928. to June 10. 1928.

that I last saw him alive on June 10. 1928.

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY X (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Mass in Stomach

(Signed) V Ken Williams, M. D.

. 19 (Address) 601 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem

DATE OF BURIAL 6/13 1928

20 UNDERTAKER J. Ahrens Co

ADDRESS 245 W Baltimore St

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34791 44 E 34791

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1601 E. Federal St. St. 8-17 Ward)

2-FULL NAME Martha A. Vincent

(a) RESIDENCE NO. 1601 E. Federal St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| ~~Female~~ | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Vincent

6 DATE OF BIRTH (month, day, and year) October 12th. 1861

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 66 | 7 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of indnsiry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER George W. Allen.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Louise Hipsley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant John J. Vincent

(Address) 1601 E. Federal St.

15 Filed ....., 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 10th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 1 19 28, to June 10 19 28, that I last saw h.. alive on June 10 19 2.., and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) W. H. Thorpe, M. D.

Mar. 192 8 (Address) 1228 Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery. Date of Burial 6/13 28

20 UNDERTAKER Chas. T. Grace & Son ADDRESS 1111 Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34792

E 34792

## CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Inf. (St.) Linden Ave (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S. Holmes.

(a) RESIDENCE NO. 4813 Hamilton Ave. (St.) Howard Park (Ward) Balto.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy S. Holmes

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1877

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 51 | 4 | - | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Vice Pres. of

(c) Name of employer Monitor Controller Co.

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Joseph H. Holmes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs. Daisy S. Holmes
(Address) 4813 Hamilton Ave.

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/3, 1928, to 6/9, 1928, that I last saw him alive on 6/9, 1928, and that death occurred, on the date stated above, at 10½ p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(apoplexy)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Clinical

(Signed) W. Swanpoa Tottendale, M. D.

6/9, 1928 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL June 12 1928

UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34793

E 34793

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 10-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Brenshaw

(a) RESIDENCE NO. 1123 Brentwood Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Unknown |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Sept 12, 1891

| 7 AGE | Years | Months | Days 29 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | 8 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) Talbot (State or country)

PARENTS

10 NAME OF FATHER J. T. Brenshaw

11 BIRTHPLACE OF FATHER (city or town) Talbot (State or country)

12 MAIDEN NAME OF MOTHER Willaby Buell

13 BIRTHPLACE OF MOTHER (city or town) Talbot (State or country)

14 Informant J. T. Brenshaw (Address) Talbot

15 Filed June 12 1928 19 S. HARRISON JONES, M.D. Registrar RLK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1928.

17

I HEREBY CERTIFY, That I attended deceased from June 4, 1928. to June 11, 1928.

that I last saw him alive on June 11, 1928.

and that death occurred, on the date stated above, at 10.10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia upper lobe right side

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical - X-ray.

(Signed) T. P. Thompson M.D. M. D.

19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Talbot Co. DATE OF BURIAL June 13 1928

20 UNDERTAKER Ehrenworth Son ADDRESS Easton

Spec.—1-12-23—M&T—300 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34794

## CERTIFICATE OF DEATH.

129 ✓ E 34794

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Beecham ST. 13-5 ✓ WARD)

2-FULL NAME Rachel Shaffer

(a) RESIDENCE NO. 3300 Beecham St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jun 30 - 1840

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 88 | 0 | 4 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover York Co. Pa.

PARENTS

10 NAME OF FATHER Jacob Shaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Elizabeth Rinehart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Elizabeth Shaffer (Address) 3300 Beecham Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to June 9, 1928, that I last saw h[illegible] alive on June 9, 1928, and that death occurred, on the date stated above, at 2.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical examination

(Signed) C. J. Baker M. D.

19 (Address) 800 W 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Manchester Md | June 13 1928 |
| 20 UNDERTAKER | ADDRESS |
| Ebenezer Hoy | 560 Chestnut Ave. |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34795

## CERTIFICATE OF DEATH.

188-007

E 34795

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hospital Mansfield St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME John H. Myers

(a) RESIDENCE NO. Melrose & Chesterfield St. Northern Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Myers

6 DATE OF BIRTH (month, day, and year): March 22. 1854

7 AGE — Years: 74 — Months: 2 — Days: 18 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Sewer Dept.

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Indiana

PARENTS

10 NAME OF FATHER: John D. Myers

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Indiana

12 MAIDEN NAME OF MOTHER: Rebecca

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Kentucky

14 Informant: H. D. Myers

(Address): Melrose & Chesterfield Ave.

15 Filed 6/12 19 28 — Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Head & Internal Injuries Due to accidental fall from street car - accidental

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Geo. Rosen M. D.

(Coroner)

6/11, 1928 (Address) 1272 Rolandon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roseville, Ohio — Date of Burial 6/12 1928

20 UNDERTAKER: W. H. Cook — ADDRESS 507 E. Fort Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34796

## CERTIFICATE OF DEATH

×41 ✓ E 34796

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Burnham

(a) RESIDENCE NO. Woodstock Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29, 1872

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 56 | 10 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER James Burnham

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ire.

12 MAIDEN NAME OF MOTHER Susan Knight

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Jas. Taggart

(Address) Woodstock Md.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to June 11, 1928, that I last saw h alive on 6/11/28, 19, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Streptococcus haemoliticus septicaemia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/30/28

Was there an autopsy? yes - Diagnosis

What test confirmed diagnosis? Culture from blood

(Signed) J. S. Woodhead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Granite Md. Date of Burial June 13 1928

20 UNDERTAKER Wm Cook ADDRESS 501 E Fayette

Spec.—1-12-23—M&T—500 Bks.

E 34797

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34797

## CERTIFICATE OF DEATH.

13-52 52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. WARD)

2-FULL NAME Anna E. Hasson - (miss)

(a) RESIDENCE NO. Home for Incurables ST. Hoth-5t- WARD & Cedar Ave - Balto

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single - |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 9 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 8 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. gnd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md -

PARENTS

10 NAME OF FATHER Hugh Hasson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belfast - Ireland -

12 MAIDEN NAME OF MOTHER Anne S. Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Home for Incurables (Address) Hoth - S/T - & Cedar - ave -

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feby 14" , 1928 , to June 11 , 1928 ,

that I last saw her alive on June 10 , 1928 ,

and that death occurred, on the date stated above, at 2. a.m. m.

The CAUSE OF DEATH was as follows:

Chronic Infectious Arthritis

(no toc.)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Neb. acute Recurrent of Left lower extremity

(duration) yrs. 4 mos ds.

Where was disease contracted if not at place of death? At home. - Balto -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roentgen exam -

(Signed) Wm B. Mayo M. D.

6/11, 1928 (Address) Medical Arts, Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 6/13 1928

20 UNDERTAKER W. E. Cook

ADDRESS 503 E. Madison

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34798

## CERTIFICATE OF DEATH.

H6E 34798

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. ST. 15-61 WARD)

2-FULL NAME Mrs Edna Tippett

(a) RESIDENCE NO. 3220 Elgin Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Tippett

6 DATE OF BIRTH (month, day, and year) Sept 30, 1874

| 7 AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 8 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Lorey
(State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER Zachariah T. Freeman

11 BIRTHPLACE OF FATHER (city or town) Charles Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Farrell

13 BIRTHPLACE OF MOTHER (city or town) Charles Co.
(State or country) Maryland

14 Informant Miss Violet A. Tippett
(Address) 3220 Elgin Avenue

15 Filed 12 1928, 19 R. L. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-28, 1928, to 6-11, 1928, that I last saw h[illegible] alive on 6-11, 1928 and that death occurred, on the date stated above, at 6 50 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix.

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-4-28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George C Bacon, M. D.

19 (Address) 2003 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | 6/13 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry W. Mears & Son | 805 N. Calvert |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34799

166 E 34799

## CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 13-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Blumberg

(a) RESIDENCE NO. 3022 Auchentoroly Ter St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 26 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jacob Blumberg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Aaron

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Isaac Brumberg

(Address) Portsmouth Va.

15 Filed _____ 19____ _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning

(Suicide)

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Hale M. D.

(Coroner)

6/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run Date of Burial 6/12 1928

20 UNDERTAKER Hof Levinson & Bro ADDRESS 1127 E Balto St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34800

## CERTIFICATE OF DEATH.

101 - 001 E 34800

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 22 ST. 8-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Dimup

(a) RESIDENCE NO. 12-11 N. Chester St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-3-27.

7 AGE — Years: 1 — Months: 2 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Dimup

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Clara Wiesner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Louis Dimup (Address) 12 N Chester St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-28-28. 19 ..., to 6-9 ..., 1928. that I last saw her alive on 6-9-28. 19 ..., and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Otitis media. Mastoiditis; Septicaemia. Multiple Abscesses of subcutaneous tissue.

(duration) ... yrs. ... mos 8 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia (duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-6-28

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) ... M. D.

, 19 (Address) C. O. Lake University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carlton Cemetery — DATE OF BURIAL 6-12-28.

20 UNDERTAKER Martin Fahey Sons. — ADDRESS [illegible] Madison Ave.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34801

89 E 34801

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 238 N. Pine St. St., 4-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Bullock

(a) RESIDENCE NO. 238 N. Pine St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Bullock

6 DATE OF BIRTH (month, day, and year) May 4 1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 40 | 1 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) N. C.

PARENTS

10 NAME OF FATHER Ben Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Walter Bullock

(Address) 238 N. Pine St.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

6/1, 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn. Cem Date of Burial June 12 1928

20 UNDERTAKER Lottie Grose ADDRESS 1705 McCulloh st

JUN 12 1928 BALTIMORE, MD.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34802

X188-00 E 34802

## CERTIFICATE OF DEATH.

E 34802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: No. B & O R R & Frisby St St., 9-46 (Ward)

2-FULL NAME Lee B. Pocklington

(a) RESIDENCE NO. 2707 E Cloyd St Richmond Va Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, ~~Married, Widowed, or Divorced.~~ (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May ? 1883

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 45 | ? | ? | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Steam to RR
(c) Name of employer

9 BIRTHPLACE (city or town) Richmond
(State or country) Va

PARENTS

10 NAME OF FATHER Robert R Pocklington

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Laura Tizzard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Richmond Va

14 Informant Harry Pocklington
(Address) 2707 E Cloyd St Richmond

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 10/23

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock-Hemorrhage-Run over by R R tr. in at B & O R R & Frisby St
Accidental
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)
(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. McCollum M. D.
(Coroner)

6/12/23 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va Date of Burial June 19 23

20 UNDERTAKER D. J. Pocklington ADDRESS Richmond Va

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34803

## CERTIFICATE OF DEATH.

902 E 34803

8-45

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1719 Cliftview Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary a Burke

(a) RESIDENCE NO. 1719 Cliftview Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Dominick Burke

6 DATE OF BIRTH (month, day, and year) June 9/1870

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 55 | 57 | 11 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 32

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Schoenig

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Burke (Son

(Address) 1719 Cliftview Ave

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 10-28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 6/14 1928

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 34804

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 34804

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Fait Ave ST. V 2 WARD)

2-FULL NAME Rozalia Olek

(a) RESIDENCE NO. 2532 Fait Ave ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1-1911

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 16 | 9 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator in Factory

(b) General nature of industry, business, or establishment in which employed (or employer) 916

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Paul Olek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Caroline Hyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Paul Olek

(Address) 2532 Fait Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1928, to 6/11, 1928.

that I last saw h[illegible] alive on 6/11, 1928

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocardial Insuff

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller, M. D.

6/12, 1928 (Address) 1500 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Westminster Cem | Jun 17 1928 |
| 20 UNDERTAKER | ADDRESS |
| Stephen Frackowski | 1500 Greenmount Ave |

JUN 12 1928

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34805

## CERTIFICATE OF DEATH.

3 E 34805

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 232 N. Bridle St. 11-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Morris

(a) RESIDENCE NO. 232 N Bridle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE: Years 25 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): White Stone Va

PARENTS

10 NAME OF FATHER: James P. Morris

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eddie Smith

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Bertha Williams 1218 N Franklin St

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 19 28

17

I HEREBY CERTIFY, That I attended deceased from June 8, 19 28, to June 11, 19 28,

that I last saw h alive on June 10, 19 28,

and that death occurred, on the date stated above, at 2.40 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physicians

(Signed) John E. Lampe, M. D.

19 (Address) 1403 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: White Stone Va DATE OF BURIAL 6/13 19 28

UNDERTAKER: Williams & Bridle ADDRESS

Spec.—7-12-23—M&T—500 Blks.

E 34806

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34806

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2466 Buchanan St., 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Dunston

(a) RESIDENCE NO. 246 Buchanan St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Dunston

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Harrison Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): 2466 Buchanan St. Charles Dunston St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 1928

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1928, to June 8, 1928, that I last saw h[illegible] alive on June 7, 1928 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) H. M. Card M. D

6/11, 1928 (Address) 2015 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL: June 12 28

18 UNDERTAKER: Samuel T Davis Co Inc Bdle

ADDRESS: [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 34807 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34807

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1409 N. Collington Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catharine McCullough

(a) RESIDENCE NO. 1409 N. Collington Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S., if foreign birth 80 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced
HUSBAND of (or) WIFE of the late William S. McCullough

DATE OF BIRTH (month, day, and year) Not Known

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| about | 82 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Mr. Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mrs. Alexander McCullough

(Address) 1409 N. Collington Ave

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1928

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1928, to June 10, 1928, that I last saw h[illegible] alive on June 10, 1928 and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(duration) yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. — mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

6/11 (Signed) John W Sandman, M. D.

, 1928 (Address) 1714 N Caroline St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL June 13 1928

20 UNDERTAKER Henry Hoeck & Son — ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34808

## CERTIFICATE OF DEATH.

E 34808

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 21-31 WARD)

2-FULL NAME Katherine Beitzel (Deshields)

(a) RESIDENCE NO. 817 Ridgely ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 26, 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 2 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Warner Deshields

11 BIRTHPLACE OF FATHER (city or town) Balt. (State or country) Md.

12 MAIDEN NAME OF MOTHER Idella Flacken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Chart (Address)

15 Filed JUN 2 1928, 19 C. H. HANN, CHIEF, M. B. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to June 11, 1928, that I last saw her alive on June 11, 1928, and that death occurred, on the date stated above, at 9.25 a. m.

The CAUSE OF DEATH* was as follows:

Diphtheria - Nasal & Pharyngeal

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) Dr. I. L. Levin, M. D.

6-12, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill - DATE OF BURIAL 6-12 1928

20 UNDERTAKER Bernard C. Harle ADDRESS 1000 E Pacca St

Spec.—J 12-23—M&T—500 Bks.

E 34809

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34809

## CERTIFICATE OF DEATH.

15-62

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3604 Liberty Heights Ave (ST.) (WARD)

2-FULL NAME Emma Lillian Focke

(a) RESIDENCE NO. 3604 Liberty Heights Ave ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? 45 yrs. 6 mos. 17 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) Nov-24-1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 45 | 6 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Assist.Tres.

(b) General nature of industry, business, or establishment in which employed (or employer): Mt.Vernon Mills.

(c) Name of employer: Mt.Vernon Mills

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Harry S.Focke

11 BIRTHPLACE OF FATHER (city or town) Massiollon
(State or country) Ohio

12 MAIDEN NAME OF MOTHER Emma Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr.Harry S.Focke (father)
(Address) 3604 Liberty Heights Ave.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6. 11. 1928

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1927, to June 11, 1928.

that I last saw her alive on June 10, 1928.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma right breast

(duration) 1 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Metastasis to liver

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of July 20. 27

Was there an autopsy?

What test confirmed diagnosis? Yes

(Signed) James C. Clarke, M. D.

6.11.1928 (Address) Zattahe Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: June-13-28

20 UNDERTAKER: STEWART & MOWEN COMPANY — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34810

## CERTIFICATE OF DEATH.

89 E 34810

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Edward ST. 35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Henderson

(a) RESIDENCE No. 1206 Edward ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | C. | S. |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 8th 1907

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | 6 10 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Vance Co. (State or country) N.C

PARENTS

10 NAME OF FATHER Gabriel Henderson

11 BIRTHPLACE OF FATHER (city or town) Vance Co (State or country) N.C

12 MAIDEN NAME OF MOTHER Cardine Bullock

13 BIRTHPLACE OF MOTHER (city or town) Vance Co (State or country) N.C

14 Informant Robert Henderson Brother (Address) 1206 Edward St

15 Filed JUN 13 1928 C. MARSHALL JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-22-, 1928, to 6-11, 1928.

that I last saw her alive on 6-10, 1928

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Endocarditis and Acute Rheumatic Fever with Angina Pectoris

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Rheumatic Fever

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas R Blalock, M. D.

19 (Address) 914 Fagg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Henderson N. C. — DATE OF BURIAL 6/12 1928

20 UNDERTAKER B. Frow & Wright — ADDRESS 128 McElderry St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34811

## CERTIFICATE OF DEATH.

145-003

E 34811

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geneva Washington

(a) RESIDENCE NO. 926 Jenkins Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Washington

6 DATE OF BIRTH (month, day, and year) Feb 25/1901

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 27 | 3 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Glasgow, Va

PARENTS

10 NAME OF FATHER Bibbs

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Husband

(Address)

15 Filed ..... 19 .....

JUN 12 1928

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Surgical Shock-Hysterectomy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Bolton M. D.

(Coroner)

(Address) 6/12/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glasgow V.a. Date of Burial 6/12 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Pe ne

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34812

## CERTIFICATE OF DEATH.

88 E 34812

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Central Ave. St. 54 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Nickols

(a) RESIDENCE NO. 603 N. Central Ave. St., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem. | Colored | widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Nickols

6 DATE OF BIRTH (month, day, and year) 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... no paid occupation

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maggie Thomas (daughter)
(Address) 603 N. Central Ave.

15 Filed JUN 12 1928, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to June 11, 1928, that I last saw h[illegible] alive on June 8, 1928, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? physical signs and symptoms

(Signed) J. T. Chenowell, M. D.

June 11, 1928 (Address) 3310 Tioga Parkway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 6/14 1928

UNDERTAKER Frank Seily ADDRESS 36 St Street

Spec.—1-12-23—M&T—500 Bks.

E34813 HEALTH DEPARTMENT—CITY OF BALTIMORE E34813

CERTIFICATE OF DEATH. 124

REGISTERED NO. 22321

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Leadenhall ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Parren

(a) RESIDENCE NO. 922 Leadenhall (ST. 23 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Samuel Parren

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 47 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of Industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Tumberlin Co Va

PARENTS

10 NAME OF FATHER Harim Washington

11 BIRTHPLACE OF FATHER (city or town) north (State or country) Tumberlin Co. Va

12 MAIDEN NAME OF MOTHER Mary Curry

13 BIRTHPLACE OF MOTHER (city or town) North (State or country) Tumberlin Co. Va.

4 Informant Samuel Parren

(Address) 922 Leadenhall St

5 Filed JUL 7 1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/1928

17 I HEREBY CERTIFY, That I attended deceased from 4/1/, 1928, to 6/10/, 1928 that I last saw her alive on 6/10/, 1928 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Dilatation

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? History, physical, Clinical

(Signed) W. W. Bishop, M. D.

, 19 (Address) 709 S. Stark St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Co

DATE OF BURIAL June 13 1928

20 UNDERTAKER C. L. Brown & Son

ADDRESS Wayne County

Spec.—1-12-23—M&T—500 Blks.

Ellen Linsley or Tinsley

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34814 — 1140 — H 34814

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Simpson ST., 9-46 WARD)

2-FULL NAME Ellen Linsley

(a) RESIDENCE NO. 2612 Simpson ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 99 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Thos. Tinsley
(Address) 2612 Simpson

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/15 1928 to 6/10 1928 that I last saw h alive on 6/9 1928 and that death occurred, on the date stated above, at 9 25 m

The CAUSE OF DEATH* was as follows:

A. enteritis
+ senility

..... (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Benj. Cluttz, M. D.

6/10 1928 (Address) 2133 Dek-a

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — DATE OF BURIAL: June 13 1928

20 UNDERTAKER: Robert V. Willis — ADDRESS: 1515 McElderry St

E 34815

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34815

## CERTIFICATE OF DEATH.

Registered No. C 13557

1-PLACE OF DEATH

City of BALTIMORE: (No. 1207 Stelton Ave, St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lida B. Delaney

(Residence in Baltimore: No. 1207 Stelton Ave St. 18 yrs., ____ mos. ____ ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word.) Widow

6-DATE OF BIRTH. May (Month) 9 (Day) 1868 (Year)

7-AGE. 60 yrs. 1 mos. 1 ds. If LESS than 1 day, ____ hrs. of ____ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER. Jacob McDonald

11-BIRTHPLACE OF FATHER, (State or Country) Maryland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Grace C. Daublitz

(Address) 1207 Stelton Ave

15-

Filed JUN 12 1928, 19__

Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 10 (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Diseases of Heart

(Duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) [illegible] M. D. (Coroner)

6/11 1928 (Address) 1532 Rolandene

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Dev. Market M.P. Balto. Co. DATE OF BURIAL. June 13 1928

20-UNDERTAKER. Horace A. Burgee ADDRESS 3631 Falls Road

Spec.—1-12-23—M&T—500 Bks.

E 34816

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34816

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1000 N. Whitmore ave ST. WARD:

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Noah L. Wantz

(a) RESIDENCE NO. 1000 N. Whitmore ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 24/1838

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 90 | 2 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Daniel Wantz

11 BIRTHPLACE OF FATHER (city or town) Dont Know (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Dont Know (State or country) Dont Know

14 Informant, Lavinia Wantz (Address) 1000 N. Whitmore ave

Filed JUN 12 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 - 1928, to June 12 - 1928, that I last saw him alive on June 11 - 1928, and that death occurred, on the date stated above, at 1130 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & Symptoms

(Signed) Chester Rikard, M. D.

6-12 1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mathews Dept Valley

DATE OF BURIAL 6/14/1928

20 UNDERTAKER Carroll & Md ADDRESS

Geo. Weber & Son 2503 Edmondson ave

Spec.–7-17-26—A Co.—200 Bks.

E 34817

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

11-001

E 34817

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 828 S Sharp St. 22-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Reid

(a) RESIDENCE NO. 828 S Sharp St. 22 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col. | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) — — 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Stevedore

(c) Name of employer —

9 BIRTHPLACE (city or town) Jamaica, B.W.I.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Jamaica B.W.I.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Jamaica B.W.I.

14 Informant Jas. Jones

(Address) 828 S Sharp St

15 Filed ....., 19 ..... Registrar

12 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/ 19 28

17 I HEREBY CERTIFY, That I attended deceased from 6/4/ 28, 19 ..., to 6/10/ 28, 19 ..., that I last saw h... alive on 6/10/ 28, 19 ..., and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chr. Recurrent Bronchitis (Influenza)

(duration) ..... yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno. Bruce, M. D.

, 19 (Address) 828 S Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

Date of Burial June 13 19 28

20 UNDERTAKER J. W. Brown & Son

ADDRESS W. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34818

## CERTIFICATE OF DEATH.

202

E 34818

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 22-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Sample

(a) RESIDENCE NO. 800 Block S. Sharpe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Sample

6 DATE OF BIRTH (month, day, and year) 1892

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Henry Sample

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Maggie Moses

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant George M. Sample (Brother)

(Address) Sharon Hill. Pa.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... (Coroner) M. D.

6/8/ 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa — Date of Burial 6/12 19 28

20 UNDERTAKER Mrs Echols & J. Bailey — ADDRESS 1421 Jefferson

Cor.—12-9-25—A Co.—200 Bks.

E 34819

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34819

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 Welcome Alley. St. 22-20 Ward)

2-FULL NAME Robert Lee Grant.(C)

(a) RESIDENCE NO. 518 Welcome Alley. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5, 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 0 | 1 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Harrison L. Grant. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Ella Robinson.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina.

14 Informant Ella Grant.(C) mother.

(Address) 518 Welcome Alley.

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Bernard M. D.
(Coroner)

6/12 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

JUN 12 1928

Par 350 Rev

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34820 | 141 | E 34820

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Ryan

(a) RESIDENCE NO. 3945 Gunnmet St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: E. F. Ryan

6 DATE OF BIRTH (month, day, and year): Aug 2 1892

7 AGE: Years 35 | Months 10 | Days 9 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: N. W. 07

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thomas Mullen

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Evelyn Fantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-9, 1928, to 6-11, 1928, that I last saw her alive on 6-11, 1928, and that death occurred, on the date stated above, at 11.35 m.

The CAUSE OF DEATH* was as follows:

Pelvic Inflammatory Disease

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dysfunction c vaso motor dilatation 5 minutes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 6-11-28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical.

(Signed) Thos A Bryan Jr. M. D.

. 19 (Address) 6 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: June 14, 1928

20 UNDERTAKER: John A Moran 3000 — ADDRESS: E. Balto St

Spec.—1-12-23—M&T—500 Bks.

E34821 HEALTH DEPARTMENT—CITY OF BALTIMORE E34821

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... ST. 1624 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Howard

(a) RESIDENCE NO. 912 (Usual place of abode) Lemon ST., ..... WARD .....

Length of residence in city or town where death occurred 59 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1st, 1869

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 59 | | 3 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) " "
(State or country) Ireland

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country) Ireland

14 Informant Niece—Miss Nellie Mc Geary
(Address) 916 Lemon St

15 Filed JUN 12 1928 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 11th, 1928, to June 11th, 1928, that I last saw her alive on June 11th, 1928 and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Bac. Exam

(Signed) Francis L. Delaglaicca M. D.

, 19 (Address) St Agnes' Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet—Conn

DATE OF BURIAL June 14 1928

20 UNDERTAKER John J Cowan & Son

ADDRESS Baltimore

Spec.—7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34822

## CERTIFICATE OF DEATH

E 34822

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 521 Old Orchard St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E Gettslich

(a) RESIDENCE NO. 521 Old Orchard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12 1858

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 69 | 11 | 29 | |
| | | 12 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Charles Gettslich

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Bernard November

(Address) Baltimore National Bldg

15 Filed JUN 19 1928 Registrar

C. HAMILTON JONES, M. D.

Per RRS

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to June 11, 1928

that I last saw h[illegible] alive on , 19

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris acute.

General arteriosclerosis

(duration) 10 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) acute angina pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History + Phys. Exam.

(Signed) John T. Owens M. D.

6/11, 1928 (Address) 804 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial June 13 1928

20 UNDERTAKER John O Mitchell and Sons ADDRESS 1901 Eutaw Place

Spec.—1-12-23—M&T—500 Bks.

E 34823

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34823

## CERTIFICATE OF DEATH.

179

REGISTERED NO. 24-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No. 4507 Liberty Heights St. 24 WARD)

**2-FULL NAME** Wm. Clay Kaufman

(a) RESIDENCE NO. 4507 Liberty Heights St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 20/44

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 4 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book keeper

(b) General nature of industry, business, or establishment in which employed (or employer) for Clothier

(c) Name of employer retired

9 BIRTHPLACE (city or town) (State or country) Frederick Md

**PARENTS**

10 NAME OF FATHER Wm Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily Dayhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Emma J. Gilbert

(Address) 4507 Liberty Heights Ave

15 Filed 2 1925 19 C. HERBERT JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1926, to June 10, 1928,

that I last saw h[illegible] alive on June 9, 1928,

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Annual

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage left side paralysis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H E Krantz, M. D.

6/10, 1928 (Address) 7925 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL June 13 1928

20 UNDERTAKER Jos Joerdens & Son

ADDRESS 27 S. Paca St

Spec. –7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34824

## CERTIFICATE OF DEATH

38

E 34824

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland Gen. Hospital St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Cora E. Cook

(a) RESIDENCE NO. 3402 Trainor Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Cook

6 DATE OF BIRTH (month, day, and year) Apr. 21, 1878

| 7 AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.. |
|---|---|---|---|---|
| | 50 | 1 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Charles A. Hoffman

11 BIRTHPLACE OF FATHER (City or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Mary E. McGinnis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Hospital Records. (Address)

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

2 1928 Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5/29, 19 28, to 6/12, 19 28.

that I last saw her alive on 6/12 19 28

and that death occurred, on the date stated above, at 2 45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis. Cirrhosis of the liver.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) ... M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet, Roslyn Md

Date of Burial ... 19

20 UNDERTAKER

ADDRESS 1003 West Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 34825

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34825

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 Riverside Ave ST. 24-25 WARD

2-FULL NAME Cora May Damon

(a) RESIDENCE NO. 1242 Riverside Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Damon

6 DATE OF BIRTH (month, day, and year) July 20 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 44 | 10 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER James Toole

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Louise Grant

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14

Informant James A. Damon
(Address) 1242 Riverside Ave.

15 Filed June 12, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17

I HEREBY CERTIFY, That I attended deceased from May 30, 1928, to June 9, 1928, that I last saw her alive on June 9, 1928 and that death occurred, on the date stated above, at 10.16 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) P. H. Smith, M. D.

June 12, 1928 (Address) 129 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 6/14 1928

20 UNDERTAKER I. Frew McCully

ADDRESS 130 E. Fort.

Spec.—1-10-21—M&T—1500 Bks.

E 34826

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34826

## CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) N. Broadway (ST.) (6.4 WARD)

2-FULL NAME Joel Whetsell

(a) RESIDENCE NO. Parler, South Carolina ST., WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11-1903

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 25 | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Stacy Whetsell

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Elizabeth Metts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant Stacy Whetsell

(Address) Parler S. C.

15 Filed ..... 19 ..... Registrar

C. HAMPTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I attended deceased from January 19, 1928 to June 12, 1928

that I last saw him alive on June 12, 1928

and that death occurred, on the date stated above, at 11 A M m.

The CAUSE OF DEATH* was as follows:

Empyema left chest

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes March 9, 1928 Date of May 14, 1928

Was there an autopsy? No

What test confirmed diagnosis? History Clinical Manifestations etc

(Signed) J. Frank Hewitt M. D.

June 12, 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parler S. C. DATE OF BURIAL June 13 1928

20 UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34827

## CERTIFICATE OF DEATH.

129 E 34827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Dolphin ST. 11-24 WARD)

2-FULL NAME Alice Wright

(a) RESIDENCE NO. 339 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Wright

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 40 | ? | ? | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER E. M. Wills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jeanne Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Arthur Wright

(Address) 339 Dolphin

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to June 12, 1928, that I last saw h... alive on June 11, 1928, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of...

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) Emma Lee, M. D.

6/12 1928 (Address) 1120 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carlton Md — DATE OF BURIAL 6/13/28

20 UNDERTAKER Daniel Carlton — ADDRESS Pikesville

Spec.—2-29-28—L. F. S.—500 Blks.

2125-89

E 34828

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 34828

REGISTERED NO.

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 1124 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Etta More

(a) RESIDENCE NO. 433 Orchard ST., ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Married |

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward

DATE OF BIRTH (month, day, and year) 5-21-78

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 49 | | 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Joseph Hodgen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Emma Bissell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11-28

17

I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to June 11, 1928, that I last saw her alive on June 11, 1928 and that death occurred, on the date stated above, at 4.55 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Possible Coronary Occlusion (duration) 2-4 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) S. E. Stewart, M. D.

, 19 (Address) John Hopkins Hosp -

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 6/13 1928

20 UNDERTAKER Daniel Easton — ADDRESS 916 Eye ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34829

## CERTIFICATE OF DEATH.

166 E 34829

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 21-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosina Knell

(a) RESIDENCE NO. 876 Carroll St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas H. Knell

6 DATE OF BIRTH (month, day, and year) Feb 1882

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 46 | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Husband

(Address)

15 Filed ....., 19 .....

JUN 13 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning

Suicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Ill health

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

6/12/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem Date of Burial 6/13 1928

20 UNDERTAKER Edward Loudon ADDRESS 2209 Wash Blvd

C. Hartzell Jones M. D.

Spec.—2-20-28—L. F. S.—500 Bks.

E 34830 HEALTH DEPARTMENT—CITY OF BALTIMORE 129 E 34830

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 3013 O'Donnell ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John C. Betz

(a) RESIDENCE NO. 3013 O'Donnell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. Betz

DATE OF BIRTH (month, day, and year) Jan. 30-1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 5 | 20 | |

OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work Clerk (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Tolchester Steamboat Co

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Jacob Betz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Schirmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Julia A. Betz

(Address) 3013 O'Donnell St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Several years previous to June 10 1928.

that I last saw h alive on June 9 1928

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac degeneration (adipose)

(4 nephritis)

(duration) several years yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation.

Uremia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? — (albuminuria)

(Signed) W. W. Wright, M. D.

6/12 1928 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oaklawn Cemetery | June 13 1928 |
| 20 UNDERTAKER | ADDRESS |
| George W. Zirkle | 1737 E. Eager |

JUN 13 1928 H. RAY JONES, M. D. Registrar

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT--CITY OF BALTIMORE

E 34831

## CERTIFICATE OF DEATH.

E 34831

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital (Ward) 9th-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick C. Freiler.

(a) RESIDENCE NO. Waterbury, A. A. Co. Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married |

5a If married, widowed or divorced, HUSBAND of (or WIFE of) Wilhelmina Freiler.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 45 | --------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

PARENTS

14 Informant Wilhelmina Freiler. (wife)

(Address) Waterbury, A. A. Co. Md.

15 Filed ..... 19.. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septic Meningitis.

Acute dilatation of the heart

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto F. Kronmiller, M. D. (Coroner)

6/12 '28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Waterbury, A. A. Co. Md. June 10, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial June 13, 28

20 UNDERTAKER Frank H Howell. ADDRESS Pikesville Md.

Spec.—1-10-21—M&T—1500 Bks.

# E 34832 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34832

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 709 N Howard ST. 11-24 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna M Hubner

(a) RESIDENCE No. 709 N Howard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Widow Hubner

6 DATE OF BIRTH (month, day, and year): Mar 13. 1864

7 AGE — Years: 63 Months: 7 Days: 29 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: " "

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm Hubner

(Address): 709 N Howard St

15. Filed JUN 13 1928, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12 - 1928

17

I HEREBY CERTIFY, That I attended deceased from June 5 - , 1928 , to June 12 - , 1928 , that I last saw h alive on June 12 - , 1928 , and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease -
(Mitral incomp.)

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary): none known

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. sign

(Signed) Chas J Keller, M. D.

(Address) 2 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: June 14 1928

20 UNDERTAKER: John B Spence — ADDRESS: 1325 N Caroline

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34833

## CERTIFICATE OF DEATH.

X 129 E 34833

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Carlisle Ave ST. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A: Russell

(a) RESIDENCE NO. 3314 Carlisle Ave (Lancaster Pa. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. I mos. I4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan I2 th I853

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | 5 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster (State or country) Pa

PARENTS

10 NAME OF FATHER Benj Longnecker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Hunnshire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Jos B; Bashore

(Address) 3314 Carlisle Ave.

15 Filed 2 1928 HARRY JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June I2 th 19 I928

17 I HEREBY CERTIFY, That I attended deceased from April 27, 19 28, to Jun 12, 19 28, that I last saw her alive on Jun 11, 19 28, and that death occurred, on the date stated above, at 7.25 a m.

The CAUSE OF DEATH* was as follows:

Nephritis, Chronic Parenchymatous

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cerebritis

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Pa

DATE OF BURIAL June 17 1928

20 UNDERTAKER John Ullrich

ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

Wrobleuski

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34834

## CERTIFICATE OF DEATH

168 E 34834

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 S. Chester St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Wrablewski

(a) RESIDENCE NO. 7 S Chester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Mal | Wht | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Wrablewski

6 DATE OF BIRTH (month, day, and year) Nov 1892

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 35 | 7 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Atlantic Coast S. Co

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Jan Wrablewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Sophia Wrablewski (Address) 7 S. Chester St.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging

While Insane Melancholia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Insanity (duration) yrs. 2 mos. ds.

(Signed) James M Fenton M. D. (Coroner)

6/12 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial June 15 1928

20 UNDERTAKER John M Wilber ADDRESS 401 E Chester St

JUN 13 1928 HAMILTON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34835 — 11-08 — E 34835

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S Ann St. ST. 24 WARD)

2-FULL NAME Mary Wolska

(a) RESIDENCE NO. 331 S Ann St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Wolski

6 DATE OF BIRTH (month, day, and year) 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 77 | 76 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Lublewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Kruc

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Martin Wolski
(Address) 331 S Ann St.

15 Filed ..., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to June 12, 1928.
that I last saw her alive on June 11, 1928
and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) Grippe (duration) 1 yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? .....

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 2627 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Stanislaus | June 16 1928 |

20 UNDERTAKER John W Weber ADDRESS 701 E Chester

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34836

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 ✓ E 34836

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2015 Wilkens Ave., ST. 20-28 WARD)

2-FULL NAME Bessie Cushnow

(a) RESIDENCE NO. 2015 Wilkens Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? 7 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Cushnow

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sirkind Kruchanow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Chia –

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Solomon Cushnow (Husband)

(Address) 2015 Wilkens Ave.

15 Filed JUN 13 1928 HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12th 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1928, to June 13, 1928, that I last saw her alive on June 12, 1928, and that death occurred, on the date stated above, at 11 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry H. McCarty, M. D.

June 13, 1928 (Address) 37 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Road — DATE OF BURIAL 6-12- 1928

20 UNDERTAKER Jack Levin, 1439 E. — ADDRESS Balto St.

Spec.—1-12-23—M&T—500 Bks.

34837.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 34837

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSP[illegible] ST. 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Howard.

(a) RESIDENCE NO. 128 Patapsco ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Eliza White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 BALTIMORE CITY HOSPITALS

Informant

(Address) Records.

15 Filed [illegible] 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/9/1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1928 to June 9, 1928

that I last saw h alive on June 9, 1928

and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

arteriosclerosis

Hypertension

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General + Sub

(Signed) C. Stevens Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 6/10/1928

20 UNDERTAKER Mr. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

E 34838

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-001 E 34838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 E. Eager ST., 1-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Banks

(a) RESIDENCE NO. 1812 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Banks

6 DATE OF BIRTH (month, day, and year) 1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 46 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hard Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sulfurk Co. Va.

PARENTS

10 NAME OF FATHER Albert Banks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sulfurk Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Rosa Banks (wife)

(Address) 1812 E. Eager St.

15 Filed JUN 13 1928 19 C. HARRISON JONES Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11- 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-5-, 1928, to 6-11-, 1928, that I last saw him alive on 6-11-, 1928 and that death occurred, on the date stated above, at 2,45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W H Cargill, M. D.

6-13-1928 (Address) 611- N. Carol —.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Lookout | June 13 1928 |
| **20 UNDERTAKER** | **ADDRESS** |
| Mrs. P. A. Elliott | 1725 Ashland Ave |

Spec.—1-12-23—M&T—500 Bks.

E 34839

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34839

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ben. Wortman

(a) RESIDENCE NO. 1914 Walbrook ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | M. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Wortman

6 DATE OF BIRTH (month, day, and year) Feb 27 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 3 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Fred. Wortman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Harry E Haggadon
(Address) 630 S Bryson St

15 Filed NOV 13 1928 19.. H. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/25, 1928, to 6/12, 1928, that I last saw h[illegible] alive on 6/12, 1928, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? Yes Date of 5/26/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. J. Stuck, M. D.

(Address) Balt City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL June 14 1928

20 UNDERTAKER George J Smith — ADDRESS 1532 Hollins

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34840

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

49 E 34840

CITY OF BALTIMORE: (No. University Hospital ST., 25-11 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ellers

(a) RESIDENCE No North Bend Rd ST., Frederick Ave WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Daisy Hancock. ELLERS

6 DATE OF BIRTH (month, day, and year) March 21 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 2 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oil & Brush Business

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent County Maryland

10 NAME OF FATHER James Morris ELLERS

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Maryland.

12 MAIDEN NAME OF MOTHER Sarah Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne Co Maryland.

14 Informant Wife
(Address) same.

15 Filed JUN 13 1928 19 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1928

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to June 10, 1928, that I last saw him alive on June 10, 1928, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Mediastinal Malignancy ?
Chronic nephritis
Arterio sclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Sherman S Jarrett, M. D.

6-10 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: June 13 1928

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—4304 1-28—M.T.—1500 Bks.

E 34841

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34841

## CERTIFICATE OF DEATH.

11

1-PLACE OF DEATH (Church Home & Infirmary)

CITY OF BALTIMORE: (No.) 1567 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Elva ELIZABETH Dushane (DUSHANE)

(a) RESIDENCE NO. 1709 Hilton St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 10-1913

| 7 AGE | Years | Months | Days ✓ | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 15 | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Walter Dushane

11 BIRTHPLACE OF FATHER (city or town) Hampstead (State or country) Md

12 MAIDEN NAME OF MOTHER Edna R. Hesson

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co (State or country) Md

14 Informant Walter Dushane (Address) 1709 Hilton St

15 Filed JUN 13 1928 C. HERMAN JAMES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/11/28, 19..., to 6/12, 1928, that I last saw her alive on 6/12, 1928, and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Appendicitis, acute

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Peritonitis, general

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6/12/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, Operative

(Signed) H. Lyard Jessen, M. D.

6/12, 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL June 14, 1928

20 UNDERTAKER Wm. J. Tickner & Sons ADDRESS N. Y. Pa

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34842

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

10-001

E 34842

1-PLACE OF DEATH

City of BALTIMORE: (No. 614 E. Lake Ave Govans 46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte L. Graham.

(a) Residence No. 614 E. Lake Ave St., Govans Ward 46
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-~~Single~~ Married, Widowed or Divorced (Write the word) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward D Graham

6-DATE OF BIRTH (month, day and year) Mar 15-1889

7-AGE. 39 yrs. 2 mos. 26 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ~~At Home~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS

10-NAME OF FATHER Christopher Mattes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Hermann Breining

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Edward D Graham

(Address) 614 E Lake Ave Govans

15-

Filed ....., 192.. .....
Registrar.

Bob

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 11-1928

17- I HEREBY CERTIFY, That I attended deceased from June 7, 1928 to June 11, 1928

that I last saw h~~e~~ alive on June 11, 1928

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Arts cardiac dilatation

(Duration) ....yrs. ....mos. 1 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. L. Bishop M. D.

Jun 12, 1928 (Address) 601 Shoudler Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL, June 14, 1928

20-UNDERTAKER Rembrook — ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34843 ✓ E 34843

112

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3204 Brighton St. 16 67 Ward)

2-FULL NAME Alice M. Adams

(a) RESIDENCE NO. 3204 Brighton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. W Adams

6 DATE OF BIRTH (month, day, and year) 1884

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 44 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa.

(State or country)

PARENTS

10 NAME OF FATHER Mr Steffen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Mr Lamorn

13 BIRTHPLACE OF MOTHER (city or town) Pa.

(State or country)

14 Informant Mrs Elwin Jones

(Address) 3204 Brighton

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) had that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion (duration) hrs. One hour

CONTRIBUTORY (Secondary) Error of diet (duration) yrs. mos. ds.

(Signed) F. O. Leek M. D.

June 12 1928 (Coroner)

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial June 14 1928

20 UNDERTAKER William Cook ADDRESS 502 E Nat Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34844

## CERTIFICATE OF DEATH.

E 34844

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 Woodbourne Ave. ST. 27-41 (WARD)

2-FULL NAME Belle Everitt Hammond

(a) RESIDENCE NO. 709 Woodbourne Ave. ST. ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George W. Hammond

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1860

| 7 AGE | Years | Months | Days 14 | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 6 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

PARENTS

10 NAME OF FATHER S. Kellon Price

11 BIRTHPLACE OF FATHER (city or town) Baltimore Co
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Fishpaugh

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. George W. Hammond
(Address) 709 Woodbourne Avenue

15 Filed JUN 13 1928, 19 MARION JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1927, to June 12, 1928, that I last saw her alive on June 11th, 1928 and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

19 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Govens Presbyterian Cem.

DATE OF BURIAL June 14 19 28

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34845

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34845

## CERTIFICATE OF DEATH.

91-002

21-79

1-PLACE OF DEATH

City of BALTIMORE: (No. 703 Scott St ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William T. Heckrotte

(a) Residence No. 703 Scott St ..... St., ..... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white.

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Ellen Heckrotte

6-DATE OF BIRTH (month, day and year) Feb 28, 1851

7-AGE. 77 yrs. 3 mos. 14 12 ds.

If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer. George Helfrich & Sons

9-BIRTHPLACE (city or town) (State or Country). Montgomery Co., Md.

PARENTS.

10-NAME OF FATHER. John S. Heckrotte

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Mercutria, Ohio,

12-MAIDEN NAME OF MOTHER. Catherine C. Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Montgomery Co., Maryland.

14- (Informant) Mentha Ellen Heckrotte

(Address) 703 Scott St

JUN 13 1928 C. HAMPSON JONES, M.

Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 12, 1928

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1924 to June 12, 1928

that I last saw him alive on June 12, 1928

and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis with gradual deterioration of brain

(Duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death? Ransay & Stuckert St

Did an operation precede death? No Date of

Was there an autopsy? No

What lesl confirmed diagnosis? Usual tests -

(Signed) George A Kupp M. D

, 19 (Address) 3030 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| Loudon Park | June 14, 1928 |
| 20-UNDERTAKER. | ADDRESS |
| John Fritsche | 1208 W Lombard |

Spec.—1-12-23—M&T—500 Bks.

E 34846

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34846

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., W-6 WARD) REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Olson

(a) RESIDENCE NO. 2625 Edmundson ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4, 1928

7 AGE Years | Months | Days | If LESS than 1 day, 8 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Maurice Olson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Mary E. Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) A. H. Cockburn Johns Hopkins Hospital.

15 Filed JUN 14 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-4, 1928 to 6-4, 1928

that I last saw her alive on 6-4, 1928

and that death occurred, on the date stated above, at 5-00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) A. H. Cockburn, M. D.

6-12-1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL | DATE OF BURIAL 19

20 UNDERTAKER | ADDRESS

JUN 13 1928

Spec.—1-12-23—M&T—500 Blks.

E 34847. HEALTH DEPARTMENT—CITY OF BALTIMORE 1602 E 34847.

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Spears

(a) RESIDENCE No. 809 Somerset ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7, 1928

7 AGE: Years | Months | Days: 2 1/2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Albert Spears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jesse Cummings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant C. H. Williams

(Address) Johns Hopkins Hospital, Johns Hopkins Hospital

C. HAMPSON JONES, M. D.

15 Filed JUN 13 1928 RRW Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-7, 1928, to 6-9, 1928, that I last saw her alive on 6-9, 1928, and that death occurred, on the date stated above, at 4.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Birth Injury

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. H. Williams, M. D.

6/12 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUN 13 1928

Spec.—1-10-21—M&T—1500 Blks.

E 34848

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34848

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hos. ST., 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Scott

(a) RESIDENCE NO. Arnolds, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unk

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| 45? | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arnold Md Co

PARENTS

10 NAME OF FATHER John Cage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Harriet Colbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Woods (Address) Arnold R.F.D.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17

I HEREBY CERTIFY, That I attended deceased from May 26 . 1928 . to June 12 . 1928.

that I last saw her alive on June 12 . 1928.

and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Chronic Nephritis

Cardiac Decompensation

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William Patrick O Rea, M. D.

6/12 . 1928 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Calvary C. & Co

DATE OF BURIAL June 15 1928

20 UNDERTAKER Thos. M. Chase Sons

ADDRESS 1400 Mosher

Spec.—2-29-28—L. F. S.—500 Blks.

2 14810

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34849

## CERTIFICATE OF DEATH

× 84 E 34849

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 79 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elbert Waddell

(a) RESIDENCE NO. Chuckey, Tenn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Johnson

DATE OF BIRTH (month, day, and year) 1869

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Tenn

10 NAME OF FATHER Jonathan Waddell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn

12 MAIDEN NAME OF MOTHER Barbara Johnston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 3-1928, 19 P. C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to June 13, 1928, that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Left cerebral Glioma, Benign

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-9-28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Operative

(Signed) Russell Carls Grove M. D.

6-13, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greeneville Tenn — DATE OF BURIAL 6/18/28

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34850

## CERTIFICATE OF DEATH.

24 001 E 34850

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene ST. 4-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Hare

(a) RESIDENCE NO. 643 W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Underwriter yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Hare.

6 DATE OF BIRTH (month, day, and year) Oct 25 1862.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| About | 65 | 7 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Evans Run Cecil Co. Md.

PARENTS

10 NAME OF FATHER Wm G. Hare.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Ballenger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Daniel H Hare. (Address) Parkton Md.

15 Filed ..., 1928 C. HAMPSON JONES, M. D. By ... Registrar RFH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to June 11, 1928, that I last saw him alive on June 11, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) H. J. Rafalmeider, M. D.

6/11, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Freedom Pa. DATE OF BURIAL 6/15 1928.

20 UNDERTAKER Harlan Lee Funeral Home ADDRESS Red Lion Pa

Spec.—1-12-23—M&T—500 Blks.

(Yanger)

34851

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34851

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST. 12-41 WARD)

2-FULL NAME Benjamen H. Yanger.

(a) RESIDENCE NO. New Kensington Pa. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Yanger

6 DATE OF BIRTH (month, day, and year) May 2, 1893

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 35 | 1 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Garage Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Yanger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Marian Jesse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant E A Weinstein (Address) 527 N Charles St

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1928, to June 12, 1928, that I last saw him alive on June 12, 1928 and that death occurred, on the date stated above, at 9 05 p m

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.
Followed by exhaustion.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 17

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Palmer F. C. Williams M. D.

6/12 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Kensington Pa. DATE OF BURIAL 6/13 28

20 UNDERTAKER Jack Burns ADDRESS 1439 Federal St

Spec.—1-12-23—M&T—500 Bks.

E 34852

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34852

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard + Green ST. 13-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H Shilling

(a) RESIDENCE NO. 1113 W 42nd St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 46 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Elias Shilling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1928, to June 13, 1928, that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Generalized Sarcomatosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. E. Reifschneider M. D.

6/13, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Smallwood, Md | June 16 1928 |

20 UNDERTAKER F. J. Shaum & Son ADDRESS Westminster Md.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34853

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 34853

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 1729 Patapsco St. St. 23-34 Ward)

2-FULL NAME Ernest H. Herchenhahn.

(a) RESIDENCE NO. 1729 Patapsco St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 27, 1876

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 52 | 3 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman.

(b) General nature of Industry, business, or establishment in which employed (or employer) 62

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Christopher Herchenhahn.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary K. Miller.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant John M. Herchenhahn. (brother)

(Address) 54 E. Randall St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JUN 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart,

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. M. Bernard M. D.
(Coroner)

6/18 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Western Cem June 14, 1928

20 UNDERTAKER ADDRESS

A. Bernard Eckhardt 38 E. Fort Ave

Spec.–7-17-26—A Co.—200 Bks.

E 34854

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 34854

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2704 Orleans 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Bell.

(a) RESIDENCE NO. 2704 Orleans St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M. | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E Meyn Bell

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1884

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 44 | 4 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Ground Stores

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER George Bell

11 BIRTHPLACE OF FATHER (City or town) Balto. City

(State or country)

12 MAIDEN NAME OF MOTHER Jennie Michael

13 BIRTHPLACE OF MOTHER (city or town) Balto City

(State or country)

14 Informant Anna E. Bell

(Address) 2704 E Orleans St

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928 to June 11, 1928

that I last saw him alive on June 11, 1928

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Lobular Right

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? — —

What tests confirmed diagnosis? —

(Signed) W. C. Gladden, M. D.

(Address) 1438 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial June 14 1928

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St.

Please read carefully the instructions on the back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34855

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34855

## CERTIFICATE OF DEATH.

W Washington

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2310 North Ave ST. Increased (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice L. Blake

(a) RESIDENCE No. 2310 North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 25 - 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 60 | 2 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Mass,

PARENTS

10 NAME OF FATHER Charles S Swan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Mass

12 MAIDEN NAME OF MOTHER Louisa M Murdock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mr. Filson G. Blake

(Address) 2310 North Ave

Filed JAN 3 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1927, to June 12, 1928,

that I last saw her alive on June 11, 1928,

and that death occurred, on the date stated above, at 2-30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. 16 mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Feb 1, 1927

Was there an autopsy? no

What test confirmed diagnosis? Specimen removed

(Signed) [illegible], M. D.

19 (Address) 3427 Chesley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Ridge | June 14, 1928 |
| 20 UNDERTAKER | ADDRESS |
| A S Marshall | 3039 Fulton |

Spec.—12-9-25—A Co.—200 Blks.

E 34856

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

89 E 34856

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3151 Ravenwood Ave St., 40 Ward)

2-FULL NAME Bessie Pearl Watson

(a) RESIDENCE NO. 3151 Ravenwood Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apl. 23 - 1886

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 2 | 11 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Weaver

(b) General nature of industry, business, or establishment in which employed (or employer): L. Greif & Bro

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dalto City Md

10 NAME OF FATHER: Charles A. Keller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Mary A. Tracy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co

PARENTS

14 Informant: Chas. Keller

(Address) 3151 Ravenwood Ave

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1928

17 I HEREBY CERTIFY, That I attended deceased from May 30 1928 to June 13, 1928, that I last saw h__ alive on June 13, 1928, and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Edward J. Ecord M. D.

6/13, 1928 (Address) 413 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial Jun 16 1928

20 UNDERTAKER: H S Marshall ADDRESS 3539 Fall Rd

3502 C HAMPSON JONES M D

RCH

Spec.—2-29-28—L. F. S.—500 Blks.

E 34857

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-001

E 34857

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1401 W. Fayette ST. (WARD) 14-21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louisa Hollenberry

(a) RESIDENCE NO. 1401 W. Fayette ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | widow |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hollenberry

6 DATE OF BIRTH (month, day, and year) March 1846

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 2 | 27 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) York
(State or country) Penna

10 NAME OF FATHER John Meyers

11 BIRTHPLACE OF FATHER (city or town) York
(State or country) Penna

12 MAIDEN NAME OF MOTHER Susana Baer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penna

Informant Lula F. Hollenberry

(Address) 1401 W. Fayette St

Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

ACR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12. 28

17 I HEREBY CERTIFY, That I attended deceased from May 15. 1928. to June 12 1928.

that I last saw h alive on June 12 1928

and that death occurred, on the date stated above, at 3.15 P.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 28 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. D. Fanning M. D.

June 12. 1928 (Address) 1834 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | June 14 1928 |
| 20 UNDERTAKER | ADDRESS |
| Chas. G. Black | 742 N. North Ave |

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34858

## CERTIFICATE OF DEATH

90 E 34858

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16 E. West ST. 23-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howell J. Sullivan

(a) RESIDENCE NO. 16 E. West ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 27, 1904

7 AGE: Years 24 Months 3 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Robert R. Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Emma Hull

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Robert R. Sullivan

(Address) 16 E. West St

Filed 3 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11 1928

17 I HEREBY CERTIFY That I attended deceased from May 16, 19 28, to June 11, 19 28, that I last saw him alive on June 10, 19 28, and that death occurred, on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Valvular Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Ehrenfried, M. D.

19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: June 14, 1928

20 UNDERTAKER: Margaret E. Flynn ADDRESS: 1422 Fairfield Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34859

## CERTIFICATE OF DEATH

46

E 34859

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 3119 Brighton St. (Ward) 16-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura G. Burkhardt

(a) RESIDENCE NO. 3119 Brighton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18 1863.

7 AGE 64 Years 5 Months 24 Days 23 IF LESS than 1 day hrs. or min.

54 . 5 24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Isaac P. Bradbury

11 BIRTHPLACE OF FATHER (City or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Carter

13 BIRTHPLACE OF MOTHER (City or town) Not Known

(State or country)

14 Informant John G. E. Burkhardt

(Address) 3119 Brighton St

Filed JUN 14 1928 19 Registrar R.L.K.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1928, to June 11, 1928, that I last saw h[illegible] alive on June 11 1928, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of anus - Uterus

Metastasis of liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death? Baltimore & Ohio

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. W. Bishop, M. D.

June 12, 1928 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood and Date of Burial June 14 1928

20 UNDERTAKER John O'Mitchell Sons ADDRESS 1911 Eastern Ave

Place

Spec.—1-12-23—MAT—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34860 — CERTIFICATE OF DEATH. — E 34860

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maternity Hosp ST., 4 30 WARD)

2-FULL NAME Mr Rosie Bell

(a) RESIDENCE NO. Bowie, Md. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: L. W Bell

6 DATE OF BIRTH (month, day, and year): unknown.

7 AGE: 47 (Years) | (Months) | (Days) | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm. Lansbury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sara Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mr. C. Trott Husband

(Address) Bowie Md.

15 Filed ..... 1926 H. HANSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/5/, 1928, to 6/14, 1928.

that I last saw h alive on 6/14, 1928

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Auricular Fibrillation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 6/8/28

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & operation

(Signed) T. H. Humphrin, M. D.

6/14 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Bowie Md | June 14, 1928 |
| 20 UNDERTAKER: Francis Gascha Sons | ADDRESS: Hyattsville Md. |

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34861

## CERTIFICATE OF DEATH.

74-201 E 34861

1-PLACE OF DEATH

City of BALTIMORE: (No. N.E.Cor Sharp & Barre Sts. W-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A.Gerhardt.

(a) RESIDENCE NO. 2603 Lauretta Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 23 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, HUSBAND of XXXXXXXXXXXXXX XXXXXXXXX Lillie M.Gerhardt.

6 DATE OF BIRTH (month, day, and year) August 20, 1870

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 57 | 9 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woodsawyer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John A.Gerhardt.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Albertine Blum.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Lillie M.Gerhardt.(wife)

(Address) 2608 Lauretta Ave.

15 Filed JUN 14 1928 19 C. HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas A. Linnard M. D.
(Coroner)

6/14/28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lookout Cem. Date of Burial June 15 19 28

20 UNDERTAKER Geo. F. Tuttle & Son ADDRESS 2700 Edmondson

Cor.—12-9-25—A Co.—200 Bks.

34862

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

66

E 34862

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Ft Sq Hosp. St. 13-54 Ward

2-FULL NAME Claude A. Clements

(a) RESIDENCE NO. 2554 Mad. Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE Margaret Gregory Clements.

6 DATE OF BIRTH (month, day, and year) Dec 24 - 1883

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 44 | 45 | 5 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer) B&O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Leitchfield Ky.

(State or country)

PARENTS

10 NAME OF FATHER Simeon Clements

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Leitchfield Ky

12 MAIDEN NAME OF MOTHER Rachael Lipman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Leitchfield Ky.

14 Informant Mrs. Margaret G. Clements

(Address) 2554 Madison Ave

15 Filed June 14 1926 C. HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) June 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Alcoholism

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 5 ds.

Signed June 14/26 J. C. Spades M. D.

(Coroner)

, 19 (Address) 143 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 REMOVAL Hollins Funeral Home Washington D C. Date of Burial June 15 1926

20 UNDERTAKER Ellis D. White ADDRESS 2554 Madison Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 34863

CERTIFICATE OF DEATH.

E 34863

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Blumstein

(a) RESIDENCE NO. 1117 E. Lombard St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Blumstein

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 66 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Herman Blumstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: L. Blumstein

(Address): 1439 E Baltimore

15 Filed 19 C. HARRISON JONES, M. D. Registrar

6-14 1928 Rdd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to June 13, 1928, that I last saw h.. alive on June 13, 1928, and that death occurred, on the date stated above, at 10.50 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted? ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Meyer Miller, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave Date of Burial 6/14 1928

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balt St

Spec.—1-12-23—M&T—500 Bks.

E 34864

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34864

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Melby

(a) RESIDENCE NO. 1219 W Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life 30 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | White | Married |

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Geo. Melby 1898

6 DATE OF BIRTH (month, day, and year) ~~March~~ Feb 28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 30 | | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Robert Bear

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sophie Schrader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital records (Address)

15 Filed NOV 14 1928 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to June 12, 1928, that I last saw her alive on June 12, 1928, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis fatal

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) L. E. Madden, M. D.

(Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | June 16th 1928 |

| UNDERTAKER | ADDRESS |
|---|---|
| H. B. Wagaman | 850 W. Baltimore St |

Cor.—12-9-25—A Co.—200 Bks.

E 34865

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 34865

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 617 W. La Fayette St. 1-25 Ward)

2-FULL NAME Fannie Bill

(a) RESIDENCE NO. 617 W La Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred L. Bell

6 DATE OF BIRTH (month, day, and year): July-17-1874

7 AGE: Years 53 Months 10 Days 11 .IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER: Leo Potter

11 BIRTHPLACE OF FATHER (city or town): md

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Wilkerson

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Fred L. Bell

(Address) 617 W La Fayette St

Filed. C. HAMPSON JONES, M.D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) June 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) T. B. Lank M. D.

June 13 1928 (Coroner)

(Address) North Ave & Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Garfield Md. Date of Burial June 14 1928

20 UNDERTAKER: Samuel Hensley ADDRESS 38 Edo

Spec.—1-12-23—M&T—500 Blks.

E 34866

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001 E 34866

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3228 Baseley St. (St.) 12-50 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Lane

(a) RESIDENCE NO. 3228 Baseley St. (St.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | C | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Lane

6 DATE OF BIRTH (month, day, and year) Unknown 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susie Moody

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lucy Williams

(Address) 3228 Baseley st

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to June 11, 1928

that I last saw h[illegible] alive on June 11, 1928

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. F. Hall, M. D.

, 19 (Address) 426 E 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Auburn | June 14 1928 |
| 20 UNDERTAKER Mrs R. G. Elliott | ADDRESS 1725 Ashland |

Spec.—2-29-28—L. F. S.—300 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34867

38

## CERTIFICATE OF DEATH

E 34867

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 n. Bethel ST., 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucile Audrey Hill

(a) RESIDENCE NO. 401 n. Bethel ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | S |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 9, 1925

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 3 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER David Hill

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore County

12 MAIDEN NAME OF MOTHER Anna Schofield

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

Informant Anna Hill (mother)
(Address) 401 n. Bethel

Filed JUN 14 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 28

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to June 13, 1928, that I last saw h[illegible] alive on June 13, 1928 and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus (Acute)

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) W. L. Petry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Calvary | June 15, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mrs. R. G. Elliott | 1725 Eastland Ave |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34868

## CERTIFICATE OF DEATH.

31 E 34868

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST., [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence Utley

(a) RESIDENCE (No.) 629 N. Carey ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6 1914

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 13 14 | | 6 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Marshall Utley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Lottie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Hospital Records (Address)

15 Filed JUN 14 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928 to June 12, 1928, that I last saw h alive on June 2, 1928 and that death occurred, on the date stated above, at 5-37 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Anemia (duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) L. E. Madden, M. D.

6/12 1928 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary DATE OF BURIAL June 15, 1928

20 UNDERTAKER Mrs. P. A. Elliott ADDRESS 172 Pulaski addendum

Spec.–7-17-26—A Co.—200 Bks.

E 34869

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

125 E 34869

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 2717 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Hoke

(a) RESIDENCE NO. 2410 Southern Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Hoke

6 DATE OF BIRTH (month, day, and year) Oct 26 1864

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 63 | 7 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) York Co.

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Charles Grote

11 BIRTHPLACE OF FATHER (City or town) Hanover

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Germany

14 Informant Samuel H. Hoke

(Address) 2410 Southern Ave.

15 Filed JUN 14 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13/28 19

17 I HEREBY CERTIFY, That I attended deceased from 6/10/28, 19, to 6/13/28, 19, that I last saw h e r alive on 6/13/28, 19, and that death occurred, on the date stated above, at 5 45 pm m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 6/10/28

Was there an autopsy? —

What test confirmed diagnosis? operation

(Signed) J. S. Whitehead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Cemetery June 16 1928

20 UNDERTAKER Frederick Lassahn ADDRESS Fullerton

See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34870

## CERTIFICATE OF DEATH

44

E 34870

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 E. Fairmount Ave ST. 6610 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis E. Geiler.

(a) RESIDENCE NO. 2415 E. Fairmount ave WARD 6

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 4 mos 23 dys. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Matthias F. Geiler.

DATE OF BIRTH (month, day, and year) Jan 19th 1868.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 4 | 23rd | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper 37

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Geo. Traubenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Katherina Kratzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Matthias E. Geiler Husband

(Address) 2415 E. Fairmount ave

Filed ....., 19 .....

Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11th 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 9, 1927, to June 11, 1928,

that I last saw h alive on June 11, 1928

and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sternoclavicular & Dorsalis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Palpation & Microscopic examination

(Signed) D. T. Mohr, M. D.

6/11, 1928 (Address) 2015 Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | June 15th 1928 |
| 20 UNDERTAKER Lilly & Zeiler Inc. | ADDRESS 403 S. Wolfe St. |

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34871

## CERTIFICATE OF DEATH

74-001 ✓

E 34871

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 O. Donnell ST., 173 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Wanger

(a) RESIDENCE NO. 2700 O. Donnell ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 8 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John Wanger

6 DATE OF BIRTH (month, day, and year) Oct. 10th 1857

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 8 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Blasius Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Elizabeth Jones.

(Address) 3285 Fait ave

Filed ... 19 ...

WM. H. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 8th, 1928, to June 11th, 1928

that I last saw her alive on June 11th, 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Caleb N. Athey, M. D.

June 12, 1928 (Address) 100 S. Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart Cem | June 13th 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly-Zeile Inc. | 403 S. Wolfe St |

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34872

## CERTIFICATE OF DEATH.

90

E 34872
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 E. Biddle St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas P. Leland

(a) RESIDENCE NO. 710 E. Biddle St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Leland

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 55 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Agent

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Leland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget O'Connor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mary W. Leland

(Address) 710 E. Biddle St

Filed JUN 14 1928 HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner)

6/14/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial June 16, 1928

20 UNDERTAKER Henry Hoeck & Son ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34873

## CERTIFICATE OF DEATH.

90 E 34873

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3111 Elliott ST., VI WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stranciszka Modrak

(a) RESIDENCE No. 3111 Elliott ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John Modrak (Address) 3111 Elliott St

15 Filed ... 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1928, to June 12, 1928, that I last saw h[illegible] alive on May 10, 1928, and that death occurred, on the date stated above, at 2 15 pm.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 3 mos 27 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas M. D.

6-13-28 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem DATE OF BURIAL 6-15 1928

20 UNDERTAKER Stephen Stalkowski ADDRESS [illegible]

Spec.—12-9-25—A Co.—200 Bks.

E 34874

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

118 E 34874

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2040 Linden Ave, 14 W (Ward)

2-FULL NAME Minnie DeGoey

(a) RESIDENCE NO. 2040 Linden Ave. St. Ward

(Usual place of abode) Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 5th 1852

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 75 | 9 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Chas C. De Goey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary A. Cline

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Deleware

14 Informant Louis B. De Goey

(Address) 2040 Linden Ave.

15 Filed C. HAMPSON JONES, M. D. Registrar

1928 Per —

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 13th. 1928

17

I HEREBY CERTIFY, That I attended deceased from June 11th, 1928, to June 13th, 1928, that I last saw her alive on June 12th, 1928, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

Cause not determined -

Unpreventable

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edgar Douglas, M. D.

, 19 (Address) 3043 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery. Date of Burial 6/15 19 28

20 UNDERTAKER Chas. F. Evans & Son ADDRESS 118 W. Mt Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34875

66 E 34875

## CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 421 Alhemarle 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Baukert

(a) RESIDENCE NO. 421 Albemarle Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): M.K.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 50 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Hat

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

1928 C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Alcoholism

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Ex Laudnum

(duration) yrs. mos. 1 ds.

May 28/28 (Signed) G O Wades M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. Date of Burial: JUN 14 1928

20 UNDERTAKER: [illegible] ADDRESS: [illegible] Eutaw Street

P... Wm. E. WOODALL

Cor.—12-9-25—A Co.—200 Bks.

E 34876

# HEALTH DEPARTMENT—CITY OF BALTIMORE

182 E 34876

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 707 Monroe St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Montross

(a) RESIDENCE NO. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | about 58 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ger Kingdom

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant

(Address)

6 1928 19 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H Taylor M. D.
(Coroner)

6/11 1928 (Address) 707 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Public Cemetery Date of Burial JUN 14 1928

20 UNDERTAKER ADDRESS

Bureau of Vital Statistics

Spec.—1-12-23—M&T—500 Bks.

E 34877

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34877

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N Linwood St., Ave. WARD)

2-FULL NAME Susan C Fischer

(a) RESIDENCE No. 603 N Linwood St., Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Fischer

6 DATE OF BIRTH (month, day, and year) Sept 7 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 8 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Edward Rohr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Rieff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Fischer (Address) 603 N Linwood Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 11, 1928, that I last saw h alive on June 11, 1928 and that death occurred, on the date stated above, at 5-30 P. m

The CAUSE OF DEATH* was as follows:

Diabetes Coma

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elmer Brennaman M. D.

6/14, 1928 (Address) 7127 Allen Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cath - June 15 1928

20 UNDERTAKER Jos J Stus & Son - 1536 Eutaw

ADDRESS

4 1928 C. HAMPSON JONES, M. D.

Spec. 1-10-21—M&T—1500 Blks.

E 34878 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34878

## CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 759 East 36th St. (Ward) 32-52 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Gertrude McCleary

(a) RESIDENCE No. 828 W. 36th St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas E. McCleary

6 DATE OF BIRTH (month, day, and year) Nov 4, 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Isaac T. Ulrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Martha Lovell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles O. McCleary

(Address) 828 W. 36th St.

15 Filed JUN 16 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to June 14, 1928, that I last saw her alive on June 12, 1928, and that death occurred, on the date stated above, at 8.20 A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia (type 10)

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ronald T. Liberson M. D.

6/14, 1928 (Address) 18 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Mary's (Bamboo) | June 16 1928 |

20 UNDERTAKER Isaac F. Burgee ADDRESS 3031 Falls Rd.

Spec.—1-12-23—M&F—500 Bks.

E 34879

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34879

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gynecean Hospital ST., WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marjorie Hicker

(a) RESIDENCE NO. 420 N. Pulaski ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 11, 1934

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 4 | 3 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. Hicker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Minnie Renner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Md.

14 Informant Mrs. Minnie Hicker
(Address) 420 N. Pulaski St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1938

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 14, 1938, that I last saw h e alive on June 14, 1938 and that death occurred, on the date stated above, at 6 00 a. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary) Cervical adenitis * Cellulitis of face & neck

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 6-10-38

Was there an autopsy? No. Immunofluorescence

What test confirmed diagnosis? Clinical

(Signed) Dr. I. R. Levin, M. D.

6-14, 1938 (Address) Gynecean Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL June 15th 38

20 UNDERTAKER F. O. Wiskott ADDRESS 853 N. Bello Le

4 1928 HAMPSON JONES, M. D. RPH

Spec.—12-9-25.—A Co.—200 Bks.

E 34880

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

## CERTIFICATE OF DEATH.

E 34880

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE. (No. 2432 Fleet St., 1-3 Ward)

2-FULL NAME Roman Mielcasz.

(a) RESIDENCE NO. 2432 Fleet St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21-27

7 AGE — Years: — Months: 10 Days: 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Stanislaus Mielcasz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Stella Piombkowska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

14 Informant Stanislaus Mielcasz

(Address) 2432 Fleet St

15 Filed JUN 15 1928, 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13-28 19

17 I HEREBY CERTIFY, That I attended deceased from June 12 1928, to June 13, 1928, that I last saw him alive on June 12, 1928, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Kopp, M. D.

, 19 (Address) 1980 Eastern Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Holy Rosary Date of Burial June 15 1928

20 UNDERTAKER: F. W. Ozazewski ADDRESS 1980 Eastern Av.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34881

## CERTIFICATE OF DEATH.

101-601 E 34881

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1723 Division St., (Ward) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. J. Washington

(a) RESIDENCE NO 1723 Division St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 Color or Race Col | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Washington

6 DATE OF BIRTH (month, day, and year) 7-8-74

7 AGE Years 54 Months 53 Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) V. C. June 13

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) V. C.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) V. C.

(State or country)

14 Informant Ernest Lorless

(Address) 1723 Division

15 Filed 19 G. HAMPSON JONES, M. D. Registrar

JUN 15 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Hill Date of Burial 6/16/1928

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill

Spec.—1-10-21—M&T—1500 Bks.

E 34882 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

90 E 34882

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 N. Mount ST. 15-21 WARD)

2-FULL NAME Joseah Scott

(a) RESIDENCE NO. 1514 N Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Scott

6 DATE OF BIRTH (month, day, and year) July 23-1842

7 AGE Years 85 Months 10 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Greenbry Scott,

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Philip H Scott

(Address) 1514 N. Mount St.

15 Filed JUN 15 1928, 19 HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to June 13, 1928, that I last saw h alive on June 12, 1928 and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. — mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulars

(Signed) F. B. Link, M. D.

June 17th 19 (Address) north Ave & Penna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Md.

DATE OF BURIAL 6/15/1928

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.–7-17-26—A Co.—200 Bks.

Fringer

E 34883

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 129 ✓ E 34883

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary A. Fringer

(a) RESIDENCE NO. Riderwood, Md St. Ward A

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word). |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Fringer

6 DATE OF BIRTH (month, day, and year) May 8th 1865

| 7 AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.. |
|---|---|---|---|---|
| | 63 | 1 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Co Limerick

(State or country)

PARENTS

10 NAME OF FATHER John Dunn.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Walter J. Fringer

(Address) Riderwood Md

15 Filed JUN 15 1928 C. HAMPSON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6 19 28, to June 10 19 28, that I last saw h[illegible] alive on June 14 19 28, and that death occurred, on the date stated above, at 10:50 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-vascular Disease

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) 2 yrs mos da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. Frankenfield M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery Date of Burial June 10 1928

20 UNDERTAKER John Burns Sons ADDRESS Towson Md

Please see instructions on back of certificates. Number of occupation is

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34884

## CERTIFICATE OF DEATH.

129 E 34884

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1112 Newmans Ct ST. 16 79 (WARD)

2-FULL NAME Louisa Underwood,

(a) RESIDENCE No. 1112 Newmans Ct ST.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 15 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 46 | 47 | 9 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Opperator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carlina

PARENTS

10 NAME OF FATHER John Underwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Dent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant Mrs Weaver

(Address) 37 S Carlton st

15 Filed JUN 15 1928 H. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14. 1928

17 I HEREBY CERTIFY, That I attended deceased from June. 10. 1928. to June 14. 1928.

that I last saw her alive on June 14. 1928.

and that death occurred, on the date stated above, at 6 7. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis,

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urine Analysis Etc

(Signed) J. Chas. Norton, M. D.

6/14/28 (Address) 838 N. Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — DATE OF BURIAL June 16 1928

20 UNDERTAKER John J Fildes — ADDRESS 1200 W Lombard

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34885

## CERTIFICATE OF DEATH.

29

E 34885

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 18-29 Ward)

2-FULL NAME Walter Ceronise

(a) RESIDENCE NO. 122 S. Schroeder St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27 1920

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 7 | 4 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Raymond Ceronise

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Edith C Wilkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Delaware

14 Informant Mrs Edith Williams

(Address) 122 S Schroeder St

15 Filed JUN 13 1928 19 HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lacerated wound of left foot.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tetanus.

(duration) yrs. mos. ds.

(Signed) Eugene Feller M. D.
(Coroner)

6/13 19 28. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial June 16 192

20 UNDERTAKER John J Fields ADDRESS 1200 W Lombard

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34886

## CERTIFICATE OF DEATH.

188-003

REGISTERED NO. E 34886

1-PLACE OF DEATH

City of BALTIMORE. (No.) F. Sq Hosp. St. 19-26 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Ford. Clarke

(a) RESIDENCE NO. 1826 Dover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 19 - 1919

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 8 | 6 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pa

PARENTS

10 NAME OF FATHER Joseph Clarke

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Louise Cannon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Joseph Clarke

(Address) 1826 Dover St

15 Filed 19 W. H. JONES, M. D. Registrar

JUN 15 1926 HARRISON JONES

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:* Auto Acc. Fracture of Skull

Duration) 2 wks. yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) June 13/26 (duration) yrs. ds.

(Signed) J. C. Bales M. D.

(Coroner)

19 (Address) 143 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkton Cem, Elkton Md. Date of Burial 6/16/26

20 UNDERTAKER Harry A Witzke ADDRESS 1513 W Lanvale St

Spec.—1-12-21—M&T—500 Blks.

See Letter on file from Dr Parker dated June 15-28

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34887

## CERTIFICATE OF DEATH.

E 34887

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N. Milton Ave ST. 8-16 WARD)

2-FULL NAME William P. Melin

(a) RESIDENCE NO. 1614 N. Milton Ave ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a ~~Married~~, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Caroline A. Silverson

6 DATE OF BIRTH (month, day, and year) Sept 19, 187[illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 53 ~~53~~ yrs. | | 8 | 24 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Patrick Melin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Wife Mrs. Caroline Melin
(Address) 1614 N. Milton Ave

15 Filed JUN 15 1928, 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to ....., 19.....

that I last saw him alive on June 8, 1928,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ..... ds.

CONTRIBUTORY (Secondary) Asthma

(duration) ..... yrs. mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) L. M. C. Parker, M. D.

6/14, 1928 (Address) 1114 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Cross Cemetery Hanover Pa. June 19, 1928

20 UNDERTAKER — ADDRESS

Edward W. Conklin 824 E. Eager St

Spec.—1-10-21—M&T—1500 Blks.

E 34888

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

38

E 34888

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W Camden St. 2230 WARD)

2-FULL NAME Vincent Danna Jr

(a) RESIDENCE No. 124 W Camden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 6-9-1928

7 AGE — Years: — Months: — Days: 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Vincent Danna

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sicily Italy

12 MAIDEN NAME OF MOTHER: Antoinette Angelo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Antoinette Danna (Address) 124 W Camden

15 Filed NOV 1928 19 HAMPSON JONES M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-9, 1928, to 6-14, 1928, that I last saw h alive on 6-13, 1928, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Syphilis

8 mos. pregnancy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Internal Wassermann ++++

(Signed) David Frankau, M. D.

6/17, 1928 (Address) 12 W. Mt. Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery DATE OF BURIAL: 6/15 1928

20 UNDERTAKER: Geo J Ruth ADDRESS: 1735 Harford ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34889

## CERTIFICATE OF DEATH.

E 34889

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... ST. 10-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Pasta

(a) RESIDENCE NO. 908 Harford Ave ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) June 10-1909

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Pasta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Battone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Peter Pasta

(Address) 908 Harford ave.

15 Filed JUN 15 1928 HAMPSON JONES, M. D. Registrar

By .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13/28. 19

17

I HEREBY CERTIFY, That I attended deceased from 6/11/28. to 6/13. 19 28.

that I last saw h[illegible] alive on 6/13. 19 28.

and that death occurred, on the date stated above, at 2 45 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia. (bronchial)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Paralysis (lower extremities cause unknown.) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Amos D. Hutchins, M. D.

19 (Address) 1010 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 6/18. 1928

20 UNDERTAKER Geo. D. Tyler ADDRESS 1735 Harford Ave

Spec.—1-12-25—M&T—500 Bks.

24890

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

× 117 E 34890

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) West Balto. General Hospital (No. 16-68 ST.) (WARD) Mattha

2-FULL NAME Mrs. Mary Rost

(a) RESIDENCE NO. Maple Ave & Rhudt + Roland Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter V Rost

6 DATE OF BIRTH (month, day, and year) May 25 1887

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 41 | - | - | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Louis Green

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Green

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

14 Informant Mrs. Chas. I. Rost (Address) Rhudt + Maple Ave

15 Filed JUN 15 1928, 19 C. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/9, 1928, to 6/13, 1928, that I last saw him alive on 6/13, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendix

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) S. C. Feldman, M. D.

, 19 (Address) West Balto General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: June 15 1928

20 UNDERTAKER: Williamback — ADDRESS: 502 N Mattha

Spec.—1-10-21 M&T 1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34891

## CERTIFICATE OF DEATH.

129 E 34891

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Edmondson ave ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Craig

(a) RESIDENCE NO. 1911 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W. | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Craig

6 DATE OF BIRTH (month, day, and year) Feb 22 1842

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 86 | 3 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hagnate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harry Craig

(Address) 533 Franklin Terrace

15 Filed NOV 5 1926 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12th, 1926, to June 13, 1926, that I last saw him alive on June 12th, 1926, and that death occurred, on the date stated above, at 7:50 P m.

The CAUSE OF DEATH* was as follows:

Senile gangrene

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Arterial Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. A. Kummer, M. D.

June 13 1926 (Address) 1929 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Presbyterian Govans

DATE OF BURIAL June 16 1926

20 UNDERTAKER W. A. Cook

ADDRESS 503 E. North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Lloyd
2232 Eutaw Place

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34892

## CERTIFICATE OF DEATH

E 34892

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 255 S. East Ave 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Georgie Campbell

(a) RESIDENCE NO. 255 S. East Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown.

7 AGE: Years: about 70 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

10 NAME OF FATHER: John Campbell.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Angeline Orchard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant: Lillian L. Nagle

(Address) 255 S. East Ave

15 Filed [illegible], 19 [illegible] HARRISON JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1928, to June 14, 1928.

that I last saw her alive on June 14, 1928.

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) O. O. Lloyd, M. D.

, 19 (Address) 7437 Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenmount Cemt. DATE OF BURIAL: June 16 1928

20 UNDERTAKER: Wm Woodruff ADDRESS: 507 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 34893

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34893

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. BALTIMORE CITY HOSPITALS ST. 13-54 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Walton

(a) RESIDENCE No. 2103 Division ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE: 61 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

PARENTS

14 Informant

(Address)

Filed JUN 1928 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1914, to June 13 1928, that I last saw her alive on June 13 1928, and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr & acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam.

(Signed) C. Holmes Long, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL 6/15—28

20 UNDERTAKER: Samuel Carlin — ADDRESS 916 Park Ave

Spec.—1-12-23—M&T—500 Bks.

E 34894

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-001

E 34894

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucinda Fields

(a) RESIDENCE NO. 1708 Llewelyn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Colored | divorced |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hayd Johnson.

6 DATE OF BIRTH (month, day, and year) 1906

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 22 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

041

9 BIRTHPLACE (city or town) (State or country) Columbia S.C.

PARENTS

10 NAME OF FATHER Moses Sherman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Colu. S.C.

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cola S.C.

14

Informant Hospital Record.

(Address)

15

Filed 19 HARRISON JONES, M. D. Registrar

JUN 15 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1928. to June 13, 1928.

that I last saw her alive on June 13, 1928

and that death occurred, on the date stated above, at 6.40 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

Secondary (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) L. M. Addison M. D.

6-14, 1928 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Osborn Cemetery | June 16 1928 |

20 UNDERTAKER Chas. H. Johnson ADDRESS 406 N. Caroline St.

Spec.—5-19-13—M. & T.—500 Bks.

E 34895 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34895

## CERTIFICATE OF DEATH.

100-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home Chemnut Hill Ave ST.; 9-11 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Somerset

(Residence in Baltimore: No. St. Elizabeths Home St.: ..... yrs., ..... mos. ..... ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, negress

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)

6-DATE OF BIRTH, FOUNDLING about Oct. (Month) 15 (Day), 1927 (Year)

7-AGE, about 8 yrs. ..... mos. ..... ds.

If LESS than 1 day. ..... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0 0

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed ..... C. HAMPSON JONES, M. D. Registrar.

5 1928 Dec 1928

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..... June (Month) 13 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1928, to June 13 1928, that I saw h alive on 191, and that death occurred, on the date stated above, at 10P. m.

The CAUSE OF DEATH* was as follows:

.....

..... Chronic Bronchitis

.....

..... (Duration) ..... yrs. 8 ... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ... ds.

(Signed) ..... Frank A Ayd M. D.

June 14, 1928 (Address) 2005 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, ..... DATE OF BURIAL, ..... 191..

20-UNDERTAKER ..... ADDRESS ..... JUN 14 1928

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Bks.

E 34896

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34896

## CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH Hospital for Women of Maryland REGISTERED NO.

CITY OF BALTIMORE: (No. 14-20 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Premature new born infant Powell

(a) RESIDENCE NO. 505 Murdock St Baltimore Co ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Less than infant |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13. 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, 4 hrs. or min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Edwin Emerson Powell

11 BIRTHPLACE OF FATHER (city or town) Balto -
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Hagen

13 BIRTHPLACE OF MOTHER (city or town) Mankato
(State or country) Minn.

14 Informant E. E. Powell
(Address)

15 Filed 5 1928 . 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13 1928

17

I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... , to ..... , 19 ..... ,

that I last saw h[illegible] alive on June 13 , 19 28 ,

and that death occurred, on the date stated above, at 1145 p m.

The CAUSE OF DEATH* was as follows:

Premature rupture of membranes of 6 hrs duration - Premature non viable infant - Lived half hour

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John McC Bourland , M. D.

, 19 (Address) 58 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Body Retained by Hospital. DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

14673 E 34897

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49 E 34897

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 1566 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin Gilligan

(a) RESIDENCE NO. 2719 Liberty Hts. Ave — WARD
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? 49 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Virginia Robinson

6 DATE OF BIRTH (month, day, and year) 11-12-1855

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 72 | 7 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Lb

(b) General nature of industry, business, or establishment in which employed (or employer) Caretaker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland —

10 NAME OF FATHER Martin Lyde ~~Ireland~~

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mathews Sweeny

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

Filed 5 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13-28

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 13, 1928, that I last saw him alive on June 13, 1928 and that death occurred, on the date stated above, at 4 20 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prostatic ~~hypertrophy~~ Carcinoma? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 6 June 28

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) H. C. Smith, M. D.

19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | 6-16-28 |
| 20 UNDERTAKER J. M. Fahey & Sons | ADDRESS 18-22 W Saratoga St |

Spec.—1-12-23—M&T—500 Bks.

(Nellie Van Cleaf)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34898 — #34898

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No. University Hosp. ST. 27 WARD)

2-FULL NAME Van Cleaf, Nellie

(a) RESIDENCE No. 3708 Hamilton Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Van Cleaf, Luther

6 DATE OF BIRTH (month, day, and year) July 11 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 yrs- | 11 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md -

PARENTS

10 NAME OF FATHER Greenfield, Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) md -

12 MAIDEN NAME OF MOTHER Gordon, Lucian

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md -

14 Informant Luther Van Cleaf
(Address)

15 Filed JUN 5 1928, 19 C. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-1-28, 19 ..., to 6-14, 19 28, that I last saw her alive on 6-14, 19 28, and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix
Carcinoma of left ovary

unknown (Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac failure & pulmonary edema unknown (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 6-1-28

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. B. League, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkwood Cemetery | June 6 1928 |
| 20 UNDERTAKER Frederick Boarman Jones | ADDRESS Frederick |

Spec.—1-12-23—M&T—500 Blks.

E 34899

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34899

## CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1433 Riverside Ave. ST. 24-33 WARD)

2-FULL NAME Sarah A. Young

(a) RESIDENCE No. 1433 Riverside Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. P.J.M. Young

6 DATE OF BIRTH (month, day, and year) May 25, 1842

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 86 | 0 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elk Neck Cecil Co., Md.

PARENTS

10 NAME OF FATHER James Rutter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Agnes Ruark (Address) 1433 Riverside Ave.

15 Filed ....., 192... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to June 14, 1928, that I last saw h.. alive on June 14, 1928, and that death occurred, on the date stated above, at 3.15 a. m.

The CAUSE OF DEATH* was as follows:

Old age

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Vascular Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy.

(Signed) [illegible], M. D.

6/15, 1928 (Address) 1219 Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetary | June 15 1928 |
| 20 UNDERTAKER | ADDRESS |
| John F. Denny | 715 Light St |

Spec.—1-12-23—M&T—500 Bks.

E 34900

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34900

## CERTIFICATE OF DEATH.

24-09½

27-43

**1-PLACE OF DEATH**

REGISTERED NO.

CITY OF BALTIMORE: (No. 5402 Magnolia Ave. Hamilton STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Holton Kimball

(a) RESIDENCE NO. 5402 Magnolia Ave, Hamilton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Kimball

6 DATE OF BIRTH (month, day, and year) Aug. 2 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 10 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Commission Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER Daniel Kimball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Mary Vickers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Catherine A. Kimball

(Address) 5402 Magnolia Ave.

15 Filed JUN 15 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17

I HEREBY CERTIFY, That I attended deceased from June 13, 1928 to June 13, 1928

that I last saw him alive on June 13, 1928

and that death occurred, on the date stated above, at 4.40 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) L. L. Sordy, M. D.

6-14, 1928 (Address) 4218 Ronford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem.

DATE OF BURIAL June 16 1928

20 UNDERTAKER John H. Denny

ADDRESS 715 Lighter

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34901 | 129 | E 34901

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 839 Hamilton Ter. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret L Lytle

(a) RESIDENCE NO. 839 Hamilton T St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 1845

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 82 | 11 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER James Lytle

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Pa,

12 MAIDEN NAME OF MOTHER Hopkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Florence T Lytle

(Address) 839 Hamilton T

15 Date June 19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 June 14

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1928, to June 14, 1928, that I last saw h alive on June 14, 1928, and that death occurred, on the date stated above, at 12.10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Contributory

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hale Peterson, M. D.

19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abingdon Md.

Date of Burial June 16 1928

20 UNDERTAKER W M Routson

ADDRESS 2238 W North

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Blks.

2E 34902 (67)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34902

## CERTIFICATE OF DEATH

+ 91-od

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herman Floyd Lancaster

(a) RESIDENCE NO. Parkton N-Car ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ida -

6 DATE OF BIRTH (month, day, and year) 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 33 | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N-Car

10 NAME OF FATHER John Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-Car

12 MAIDEN NAME OF MOTHER Luscinda Bunbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N-C

Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

Filed 5-1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15-28

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 15, 1928, that I last saw him alive on June 15, 1928, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Aneurysm of left internal carotid artery non-luetic

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Thrombosis left carotid artery (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-12-28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Operative

(Signed) D. D. Hart. M. D.

6-15-1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkton N. C. | 6/15/28 19 |
| 20 UNDERTAKER Joseph Ahrens | ADDRESS 221 Bway |

Spec.—1-10-21—M&T—1500 Blks.

E 34903 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34903

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Wyman Park Apartments ST. 13-5 WARD) 186-03

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick August Vogel

(a) RESIDENCE NO. Westwood Manor, Havre de Grace, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse M. Vogel.

6 DATE OF BIRTH (month, day, and year) Apr 11, 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 2 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Leather Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) President

(c) Name of employer Wellington Chas. Process

9 BIRTHPLACE (city or town) (State or country) Milwaukee Wis

PARENTS

10 NAME OF FATHER Fred Vogel Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Milwaukee Wis

12 MAIDEN NAME OF MOTHER Louise Pfeister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Milwaukee Wis

14 Informant Jesse M. Vogel

(Address) Westwood Manor Havre de Grace Md.

Filed JUN 15 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1928

17 I HEREBY CERTIFY, That I attended deceased from June 3. 1928. to June 14. 1928.

that I last saw h alive on June 14. 1928.

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Fracture 6th 7th & 8th Rib & Chest with Hemopneumothorax (Coma)

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

Where was disease contracted, if not at place of death? O. K. Coroner J. J. Morrissey

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Puncture

(Signed) E. Howard Donally, M. D.

6/15, 1928 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Milwaukee Wis

DATE OF BURIAL June 16 1928

20 UNDERTAKER Henry Meinken & Co.

ADDRESS Eastward Ave. Baltimore Md.

(Instructions on back of certificates.)

Spec.—1-10-21—M&T—1500 Bks.

E 34904 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34904

# CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Edgewood Sanitorium

CITY OF BALTIMORE: (No.) 6000 Dallona Ave (St.) 13-41 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick S. Gardner

(a) RESIDENCE NO. Northway, Guilford (St.) (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Shaw Gardner

6 DATE OF BIRTH (month, day, and year) June 12-1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Industrial Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired 8-30

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Providence R. I.

PARENTS

10 NAME OF FATHER Michael M. Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Grafton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Shamokin Pa.

14 Informant Mrs A. F. Ries
(Address) Northway, Guilford

15 Filed JUN 5 1928 C. HAMPSON JONES, M. D. Registrar
By R.S.S.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1928

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1928 to June 14, 1928.

that I last saw him alive on June 14, 1928,

and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis

(duration) 5 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam + Lab. tests

(Signed) Dr. [illegible] M. D.

6/15, 1928 (Address) 704 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Monumental Cemetery — DATE OF BURIAL June 16 1928

20 UNDERTAKER Hughes & Sons Inc — ADDRESS 412 N Broadway

Penalty for concealment of cause of death, or for making any false statement concerning the same, or for neglect or refusal to make return or permit burial, or for burial, removal or cremation without permit, $100 fine or imprisonment. See Secs. 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164,

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34905 + 186-09 ✓ E 34905

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Enroute St. ~~Joseph Hospital~~ Ward) 9-17

2-FULL NAME William C. Granger

(a) RESIDENCE NO. Edgewood Ave., Parkville, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Granger

6 DATE OF BIRTH (month, day, and year): Sept 17/1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | 8 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Floor Finisher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Md.

PARENTS

10 NAME OF FATHER: W. A. Granger

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Martha D. Godsey

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va.

14 Informant: Wife

(Address):

15 Filed ....., 19..... C. HAMPSON JONES, M. D. Registrar

J 1526 AKB

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jun 14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Fractured Skull- Internal injuries--accidently struck by street car Harford Rd & Taylor Av

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Coates, M. D. (Coroner)

6/15/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. Date of Burial: June 16, 1928

20 UNDERTAKER: Chenowith Son ADDRESS: 3615 Chestnut Ave

Cor.—12-9-25—A Co.—200 Bks.

(Edrington)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34906

## CERTIFICATE OF DEATH.

74-006

E 34906

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 918 W. 37 St. 13 Ward 57)

(If death occurred In a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia M. Edrington

(a) RESIDENCE NO. 918 W. 37 St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 78. Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER: John R. Edrington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER: Sophia Walters

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant: Mrs. Susie M. Taylor

(Address) 918 W. 37th St.

15 Filed_____, 19____ HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John Morrow M. D.
(Coroner)

6/15, 1928 (Address) 1632 Poland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden Date of Burial: June 18 1928

20 UNDERTAKER: Chenowith Son ADDRESS: 3615 Eastern Ave

Cor. Instructions on back of certificate. See Statement of OCCUPATIONS

Cor.—12-9-25—A Co.—200 Bks.

E 34907

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34907

## CERTIFICATE OF DEATH.

185

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislaus Konopka.

(a) RESIDENCE NO. 521 S. Chester. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ---- ds. How long in U. S., if of foreign birth? 15 yrs. ---- ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married |

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXX XXXXXXXXX Catherine Konopka.

6 DATE OF BIRTH (month, day, and year) May 8, 1893

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | 1 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland.

PARENTS

10 NAME OF FATHER John Konopka.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

14 Informant Catherine Konopka, (wife)

(Address) 521 S. Chester St.

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

By .....

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intra abdomnal Hemorrhage, Fracture of the Pelvis. Fall from 2nd story and struck by falling bag of sugar. Occidental death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Fennel M. D.

(Coroner)

6/15 19 28 (Address) 1917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Canton Co. Warehouse No. 4 Foot of 15th St

Former or usual residence June 11, 1928.

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus June 16 1928

Date of Burial

20 UNDERTAKER John M. Weber ADDRESS 401 S. Chester St

Instructions on back of certificate. Page 4 of 4 pages. Form statement of OCCUPATION 49

Spec.—1-12-23—M&T—506 Bks.

E 34908

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34908

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 1-15-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balty city Hospital WARD)

2-FULL NAME Henry Grog (Graf)

(a) RESIDENCE NO. 615 N Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 65 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Canvasser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Henry Grog

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Hosp. Record Balto City Hospital

15 Filed 1-5 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 3-21, 1928, to 6-14, 1928

that I last saw him alive on 6-14, 1928

and that death occurred, on the date stated above, at 10 35 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

Lungs

(duration) unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF [illegible], CREMATION OR [illegible]: London Park Cemetery — DATE OF BURIAL: 6/16 1928

20 UNDERTAKER: Chas. P. Graul & Son — ADDRESS: 11 W. Mt. Royal Ave.

Spec.—1-12-23—M&T—500 Bks.

E 34909

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 34909

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Belt St. ST. 74-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Frieda Skuhr

(a) RESIDENCE No. 1510 Belt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Andrew Skuhr

6 DATE OF BIRTH (month, day, and year) Dec 19 1896

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 31 | 5 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. (State or country)

PARENTS

10 NAME OF FATHER George C. Gottschalk

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER Johanna Schwartz

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14

Informant Mrs. Gottschalk

(Address) 1510 Belt St

15

Filed 5 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1928

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 15, 1928,

that I last saw her alive on June 15, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Street, M. D.

June 15, 1928 (Address) 1st & Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Cedar Hill Cemetery

DATE OF BURIAL 6/18 1928

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

E 34910

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34910

159

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1219 Griffis Ave ST. 25-12 WARD

2-FULL NAME Herbert E. Doubs. Jr.

(a) RESIDENCE NO. 1219 Griffis Ave. ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-14-1928

7 AGE — Years — Months — Days If LESS than 1 day, 20 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Herbert E. Doubs.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Susan Blount.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Susan Doubs.

(Address) 1219 Griffis Ave.

15 Filed ..... 19 ..... Registrar

6 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-15-1928

17 I HEREBY CERTIFY, That I attended deceased from 6 14 1928 to 6-15- 1928,

that I last saw h[illegible] alive on 6-15 1928

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation.

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Chas. C. Conser M. D.

6/15 1928 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M. & Olivet Cem DATE OF BURIAL 6/16 1928

20 UNDERTAKER Edward Toulson ADDRESS 2259 Wash Ave

Important: See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

2E 4229
2E 34911

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 34911

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriet Breckinridge

(a) RESIDENCE NO. 531 Oxford St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Breckinridge

6 DATE OF BIRTH (month, day, and year) 7/3/81

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 11 | 21 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None — 60

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER John Breckinridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Mary Sheridan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

Informant Friends

(Address)

Filed 6-1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13-28

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to June 13, 1928, that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 10 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardiorenal hypertensive disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Stewart, M. D.

6/14, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 6/16/28

20 UNDERTAKER Samuel Beverly

ADDRESS 518 N Bdle

Spec.—1-10-21—M&T—1500 Bks.

E 34912

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113 E 34912

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 W Lanvale ST. 16-23 WARD)

2-FULL NAME Clarence E. Birch

(a) RESIDENCE No. 1107 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January 16 27

| 7 AGE | Years | Mos. | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| — | 1 | 4 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. H. Birch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Cora Mull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant W H Birch

(Address) 1107 W Lanvale St

15 Filed JUN 6 1928

16 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6, 19 28, to June 15 19 28,

that I last saw him alive on June 15, 19

and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Ac. Enteritis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) David E. Nagurt M. D.

(Address) 1076 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 6/15 1928

20 UNDERTAKER Samuel Easton — ADDRESS 916 Pine St

Very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34913

## CERTIFICATE OF DEATH

3 E 34913

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 407 N. Ann St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett Della Brown Johnson

(a) RESIDENCE NO. 407 N. Ann St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd Johnson

6 DATE OF BIRTH (month, day, and year) Sept. 9-1903

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 24 | 9 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER Frank Brown

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Alice Giles

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Josephine Brown

(Address) 407 N. Ann St.

15 Filed JUN 15 1928 19 C. HAMPSON JONES, M. D. Registrar

RKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1928

17 I HEREBY CERTIFY, That I attended deceased from April, 1928, to June 14, 1928, that I last saw he alive on June 13, 1928, and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

6/15 1928 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Auburn Cemetery June 18 28

20 UNDERTAKER ADDRESS

Chas. H. Johnson 406 N. Carey

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34914

## CERTIFICATE OF DEATH.

+ 185 E 34914

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 6-37 Ward)

2-FULL NAME Leonard Kager

(a) RESIDENCE NO. Marine Hotel Dundalk St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2/ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 30 1904

7 AGE: Years 23 Months 7 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lt mill worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town):

(State or country) Hungary

PARENTS

10 NAME OF FATHER Leonard Kager

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Hungary

12 MAIDEN NAME OF MOTHER Josefin Kuchera

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Hungary

14 Informant Leonard Kager

(Address) Marine Hotel Dundalk

15 Filed C. HAMPSON JONES, M. D. 19 Registrar

1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture, 5th cervical vertebra
Laceration Spinal Cord
when he slipped in
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion due to
(Duration) yrs. mos. ds.

(Signed) James M. Fenton M. D. (Coroner)

6/15 1928 (Address) Town Clerk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Where disease contracted, if not at place of death) Widow of Spring Grove St Helena

Former or usual residence Marine Hotel Dundalk

19 PLACE OF BURIAL, CREMATION OR REMOVAL Warren Ohio Date of Burial June 16 1928

20 UNDERTAKER John Ulmer ADDRESS 208 Albemarle

Sec. 3, Supplement. See instructions on back of certificate. Last statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

E 34915

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34915

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No. Balto md St., 12 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Steinmayle

(a) RESIDENCE No. 2119 Myrtle St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Cora Steinmayle

6 DATE OF BIRTH (month, day, and year) Feb 22, 1865

| 7 AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 3 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Sailor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Caspar Steinmayle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Balto City Hospls.

(Address) Balto Md

15 Filed ..... 19 ..... Per ..... Registrar

G. HAMPSON JONES, M. D.

1928 AKK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5-19- 19 28 to 6-14 19 28

that I last saw h[illegible] alive on , 19 ,

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Edema

Cancer of Throat

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis Cancer of Throat

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Robt T Bledsoe M. D.

19 (Address) Belvidere Ct Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Old Law Cemetery | June 18 1928 |

20 UNDERTAKER Robt J Turner ADDRESS 1442 Broadway

Spec.—2-29-28—L. F. S.—500 Bks. Dr. Howard Todd 735 N Fulton ave

E 34916

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34916

## CERTIFICATE OF DEATH

44

1—PLACE OF DEATH

REGISTERED NO. 9-46

CITY OF BALTIMORE: (No. 615 Homestead ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Burton Gettys

(a) RESIDENCE NO. 615 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign born? 28 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph B Gettys

6 DATE OF BIRTH (month, day, and year) Jan 27 1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 4 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ft. Georgia

10 NAME OF FATHER James H Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Frances Mary Stamps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

Informant Ralph B Gettys

(Address) 615 Homestead St.

Filed 6-19-1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15/28

17 I HEREBY CERTIFY, That I attended deceased from June 5, 19 28, to June 15, 19 28, that I last saw h alive on June 15, 19 28, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mary C. Todd, M. D.

June 19 28 (Address) 735 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Atlanta Ga. | June 16 1928 |
| UNDERTAKER | ADDRESS |
| William Cook | 502 E Main St |

Spec.—1-10-21—M&T—1500 Blks.

E 34917.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34917

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH St Joseph Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Moreit Braun St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Braun~~ ~~Braun~~ ~~Conroe~~

(a) RESIDENCE NO. 1628 E. Oliver St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josephine Braun

6 DATE OF BIRTH (month, day, and year) Aug 25/1850

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 10 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Conroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Braun

(Address) 1628 E Oliver St

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

6 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 22, 1928, to June 14, 1928, that I last saw h[e/er] alive on June 14, 1928, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertrophy prostate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Herman G. Vogt, M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 18 1928

20 UNDERTAKER Frank A. Fink — ADDRESS 915 N. Gay

See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34918

# CERTIFICATE OF DEATH.

113 E 34918

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute Hopkins Hospital St., 9-13 Ward)

2-FULL NAME Mary Anna Tyc

(a) RESIDENCE NO. ~~1025 Barnes~~ St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4/20

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 5 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Joseph Tyc

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary Chester

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

RKH

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jun 15/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Gastro-intestinal Indigestion

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) (Convulsions)

(duration) yrs. mos. 1 ds.

(Signed) [signature] M. D.

(Coroner)

19 6/16/26 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Most Holy Redeemer Date of Burial June 16 1926

20 UNDERTAKER George W. Zirkler ADDRESS 1737 E. Eager St.

Fill out statement of OCCUPATION on back of certificate. Fill out all questions. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 34919

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34919

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Druid Hill Ave ST.) 14-20 (WARD)

2-FULL NAME Mary M Johnson

(a) RESIDENCE NO. 1703 Druid Hill Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 7-1861

7 AGE: Years 67 | Months 1 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Kentucky Co. Va

PARENTS

10 NAME OF FATHER: Mitchell Stewart

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Harriett Brayton

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Harvey Johnson 1703 Druid Hill Ave

15 Filed [illegible] 1926 . 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to June 13, 1926, that I last saw h alive on June 13, 1926 and that death occurred, on the date stated above, at 7 A, m

The CAUSE OF DEATH* was as follows:

Organic Heart Disease.

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

June 13, 1926 (Address) 1334 E. H. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kensale Va — DATE OF BURIAL: 6/16 1926

20 UNDERTAKER: Samuel Kemsley — ADDRESS: Bdd

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34920

E 34920

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) V V V Lanvale ST., 14-20 WARD)

2-FULL NAME William H. Harding

(a) RESIDENCE NO. V V V Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis V Harding

6 DATE OF BIRTH (month, day, and year) 1865 V

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rock 31

(b) General nature of industry, business, or establishment in which employed (or employer) Chop.

(c) Name of employer Nitrey

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Shadrach V Harding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Louis V Harding

(Address) V V V Lanvale

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13th 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. , 1927, to June 13th 1928.

that I last saw h alive on June 9th, 1928,

and that death occurred, on the date stated above, 6 A.M.

The CAUSE OF DEATH* was as follows:

V Cancer V Stomach

Disease

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hard work

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

19 28 (Address) 924 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Olivet | 6/16 1928 |
| UNDERTAKER | ADDRESS |
| Daniel Kenderdine | 578 N Bdwy |

Spec.—2-29-28—L. F. S.—500 Bks.

21E 4963
21E 34921

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34921

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 161-09

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Shafer

(a) RESIDENCE NO. 2711 Stockton ST., WARD
(Usual place of abode) STOCKTON
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ½ mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-11-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | | 27 hrs | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER George Shafer

11 BIRTHPLACE OF FATHER (city or town) Md — (State or country)

12 MAIDEN NAME OF MOTHER Ada Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md — (State or country)

14 Informant Reads
(Address) JOHNS HOPKINS HOSPITAL JOHNS

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

6 1928 546

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12-28

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to June 12, 1928, that I last saw her alive on June 12, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. 27 hrs. ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? State anatomical

What test confirmed diagnosis? —

(Signed) J. T. Bennett M. D.

June 15, 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL S HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health.

ADDRESS JUN 16 1928

For U. S. Vital Statistics

Spec.—1-12-23—M&T—500 Bks.

E 34922

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34922

## CERTIFICATE OF DEATH.

31 13-51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Lakeview Ave. St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meyer Bergman

(a) RESIDENCE No. 2441 Lakeview Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 72 | 6 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired:-

(b) General nature of industry, business, or establishment in which employed (or employer) Harness & Leather

(c) Name of employer

9 BIRTHPLACE (city or town) Cumberland (State or country) Md.

PARENTS

10 NAME OF FATHER Philip Bergman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Yetta Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Belle Levy

(Address) 802 W. North Ave

15 Filed 6 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th. 19 28

17 I HEREBY CERTIFY, That I attended deceased from Feb'y, 19 28, to June 14, 19 28, that I last saw h[illegible] alive on June 14, 19 28, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. ✓ mos ds.

CONTRIBUTORY (Secondary) Abd. Pulmonary Tuberculosis

(duration) ? yrs mos. ds.

18 Where was disease contracted if not at place of death? Old Baltimore Place up

Did an operation precede death? no Date of

Was there an autopsy? no t

What test confirmed diagnosis? Bacteriological

(Signed) Jas. H Zierler, M. D.

6/16. 19 28 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem.

DATE OF BURIAL: 6/17/ 1928

20 UNDERTAKER: David Sondheim

ADDRESS 118-20 W mt. Royal Ave.

Spec.—1-12-23—M&T—500 Bks.

E 34923

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34923

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. 12-49 WARD)

2-FULL NAME Martha Reed

(a) RESIDENCE NO. R.F.D #3 Belair, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 0 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER John Reed

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Flora Mannon

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Hospital Records (Address)

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1928

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to June 16, 1928, that I last saw her alive on June 16, 1928 and that death occurred, on the date stated above, at 1055 a. m.

The CAUSE OF DEATH* was as follows:

Appendicitis Ruptured
Internal Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 12, 28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. Scott [illegible], M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethlehem Lutheran Cem.

DATE OF BURIAL June 17 1928

20 UNDERTAKER Hamburger & Goodman

ADDRESS Baltimore Md

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34924

## CERTIFICATE OF DEATH

31 E 34924

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2711 Southern Ave St. 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise V Field

(a) RESIDENCE NO. 2711 Southern Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14 1907

| 7 AGE Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|
| 21 | 4 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Millinery

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Salisbury

(State or country) Md

PARENTS

10 NAME OF FATHER Charles Fields

11 BIRTHPLACE OF FATHER (City or town) Salisbury

(State or country) Md

12 MAIDEN NAME OF MOTHER Addie Jones

13 BIRTHPLACE OF MOTHER (city or town) Salisbury

(State or country) Md

14 Informant Charles Fields

(Address) 2711 Southern Ave.

15 Filed 6-17 1928 16 THOMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to June 15th, 1928.

that I last saw h alive on June 14th, 1928

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 4 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) L. K. Gordy M. D.

6-15 1928 (Address) 721 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salisbury Md. Date of Burial 6/17/28

20 UNDERTAKER George J Ruth ADDRESS 1735 Harford Ave

Very Important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34925

## CERTIFICATE OF DEATH.

90 E 34925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 Whiteleck St. 13-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Levy

(a) RESIDENCE NO. 934 whiteleck St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Levy

6 DATE OF BIRTH (month, day, and year): Dec 25 1870

7 AGE: Years 57 Months 5 Days 21 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clothing

(b) General nature of industry, business, or establishment in which employed (or employer): Mfg

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Leib Levy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hinkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jennie Levy 934 whiteleck St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15 1928

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to June 15, 1928.

that I last saw h[illegible] alive on June 15, 1928

and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Houston, M. D.

6/16, 1928 (Address) 733 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. DATE OF BURIAL: 6/17 1928

20 UNDERTAKER: Jack Lewis ADDRESS: 1489 E. Balto St

[illegible] 1928 C. HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34926

## CERTIFICATE OF DEATH.

REGISTERED NO. 54-001 E 34926

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12-44 WARD)

2-FULL NAME Stanley Stein

(a) RESIDENCE NO. 2105 Ryer Ave., N.Y.C. ST., WARD 7th, 9th.
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. ~~10 mos. 2~~ 14 days. How long in U. S., if of foreign birth? — yrs. 10 mos. — ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 26, 1927

| 7 AGE — Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 10 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

PARENTS

10 NAME OF FATHER Walter Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.C. N.Y.

12 MAIDEN NAME OF MOTHER Claire Faust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Austria

14 Informant Weltenstein
(Address) 2105 Ryer Ave. N.Y.

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

~~6-7 1928~~

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1928

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to June 16, 1928, that I last saw h alive on June 16, 1928 and that death occurred, on the date stated above, at 7.55 p. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus, Congenital?

(duration) — yrs. 10 mos 21 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of June 15, 1928

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank Kaiser Mervin, M. D.

6/16 1928 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York City N.Y. DATE OF BURIAL 6/17 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34927
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

11-007

E 34927
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 803 Woodland ST., 24-24 WARD)

2-FULL NAME Edward M. Jonkel

(a) RESIDENCE No. 803 Woodland ST., 21 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18-1919

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 9 | | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Michael Jonkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Ella Goth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Michael Jonkel

(Address) 803 Woodland ST

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928 to June 14, 1928.

that I last saw h alive on June 10, 1928.

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) — yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Labrith

(duration) — yrs. — mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis Gumpert, M. D.

6/15 1928 (Address) 517 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery DATE OF BURIAL June 17 1928

20 UNDERTAKER William Gebhardt ADDRESS 1816 Monument

JUN 17 1928 HAMILTON JONES, M. D.

Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34928 E 34928

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1139 Mordecai St. (Ward) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Young

(a) RESIDENCE NO. 1139 Mordecai St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE col | 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Young

6 DATE OF BIRTH (month, day, and year) Unknown 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 47 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) ~~General nature~~ of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thos. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Cora Young

(Address) 1139 Mordecai

15 Filed JUN 17 1928 ELMERSON JONES, M. D. Registrar Ellis

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 28

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to June 14, 1928, that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Tubular disease Kidneys

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Edwin C. Magruder, M. D.

(Address) 1111 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn | DATE OF BURIAL June 17 1928

20 UNDERTAKER Name W. Chase Sons | ADDRESS undertaker

Cor.—12-5-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34929

## CERTIFICATE OF DEATH.

187 E 34929

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Port Covington foot of McComas St., 11 Ward)

2-FULL NAME Henry C. Schwarzhaupt.

(a) RESIDENCE NO. 1203 N. Caroline St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 0 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Married |

5a If married, widowed or divorced, WIFE or HUSBAND of XXXXXXXXXX Lillian Schwarzhaupt.

6 DATE OF BIRTH (month, day, and year) Dreember 14, 1901

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 26 | 6 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Schwarzhaupt.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Schmick.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mrs. Colbeth.

(Address) 92 Maylard Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1928

17 I HEREBY CERTIFY, That I took charge of the remains deserибed above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day slated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from float.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Otto F. Leonhardt M. D.

(Coroner)

6/15 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cemetery Date of Burial June 17 19 28

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

Key important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34930

## CERTIFICATE OF DEATH.

92 E 34930

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2408 Lakeview ave ST., WARD 15-54

2-FULL NAME Phillip Goldsmith

(a) RESIDENCE NO. 2408 Lakeview ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6 DATE OF BIRTH (month, day, and year) 1869

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | — | — | |

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work merchant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Russia (State or country)

PARENTS

10 NAME OF FATHER Abba Goldsmith

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Mr. Goldsmith

(Address) 240 Lakeview ave

15 Filed ....., 19 .....

THOMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1928, to June 15, 1928, that I last saw h alive on June 15, 1928, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of V

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) Frank Herman, M. D.

6/16 1928 (Address) 230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave DATE OF BURIAL 6/17 1928

20 UNDERTAKER Sol Levinson & Bro. ADDRESS 1127 E Balto St

IMPORTANT: See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34931

## CERTIFICATE OF DEATH

94-001 E 34931

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5134 Patterson Ave ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Krbusek

(a) RESIDENCE NO. 513 N Patterson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? 45 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Krbusek

6 DATE OF BIRTH (month, day, and year) January

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 84 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Jos Chrost

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Matthew Matula

(Address) 513 N. Patterson Park Ave

15 Filed ....., 19.... Registrar

1928 C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15/28

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to June 16, 1928

that I last saw her alive on June 16, 1928

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Grant M. D.

June 17 1928 (Address) 801 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | June 18 1928 |
| 20 UNDERTAKER | ADDRESS |
| Geo A Crouch Son | 1900 Aliceanna |

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 34932

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 34932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Eutaw St.) (WARD) 11-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ruff

(a) RESIDENCE. No. 1018 Eutaw ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE — Years: 62 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jacob Britton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Milton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mary Brown

(Address) 1018 Eutaw St.

15 Filed ..... 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1928 to June 14, 1928, that I last saw her alive on June 14, 1928, and that death occurred, on the date stated above, at 11:30 A.m.

The CAUSE OF DEATH* was as follows:

Uremic Coma

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Ruth, M. D.

19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL: 6/17/28

20 UNDERTAKER: Samuel Beasley — ADDRESS: W. Balto

JUN 17 1928 C. HAMPSON JOHNS, M.D.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34933

## CERTIFICATE OF DEATH.

31 E 34933

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 634 Fremont Ave ST., 16-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Silas Waymon Chester

(a) RESIDENCE No. 634 Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celestine Chester

6 DATE OF BIRTH (month, day, and year) 1896

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 32 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto driver

(b) General nature of industry, business, or establishment in which employed (or employer) Automobile

(c) Name of employer Livingston

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Moses Chester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Celestine Chester (Address) 634 N. Fremont Ave

15 Filed JUN 17 1926 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6—15—1926

17 I HEREBY CERTIFY, That I attended deceased from May 10th, 1926, to June 15th, 1926, that I last saw h alive on June 14th, 1926, and that death occurred, on the date stated above, at 12:15a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos 5 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jas. O. Cooper, M. D.

, 19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem — DATE OF BURIAL 6/18 1926

20 UNDERTAKER Samuel Steinberg — ADDRESS 1138 E. Balto

Spec.—1-12-23—M&T—500 Bks.

E 34934

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34934

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Eutaw St. Md. Memorial WARD 25-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Bell,

(a) RESIDENCE NO. Eutaw St. Md. Memorial ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced; (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE: Years 76 | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Jerry Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cynthia Bell June 16 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Cynthia Bell (Address) Eutaw St. Md. Memorial Hosp

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to June 15, 1928, that I last saw him alive on June 14, 1928, and that death occurred, on the date stated above, at 3.20 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) 00 yrs. 00 mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) C. Raymond Glenn, M. D.

(Address) Catonsville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Chapel — DATE OF BURIAL 6/17 1928

20 UNDERTAKER Howard & Co. — ADDRESS 5 W. Biddle

Samuel D. Hawksley

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34935

REGISTERED NO. E 34935

**1-PLACE OF DEATH**

City of BALTIMORE: (No. 1215 Druid Hill Ave. Ward 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** William A Fox

(a) RESIDENCE NO. 1215 Druid Hill Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | colrd | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Fox

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 77 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer Self

9 BIRTHPLACE (city or town) [illegible]

(State or country) Md

PARENTS

10 NAME OF FATHER Dan'l Kinn

11 BIRTHPLACE OF FATHER (City or town) [illegible]

(State or country) —

12 MAIDEN NAME OF MOTHER Caroline Robys

13 BIRTHPLACE OF MOTHER (city or town) [illegible]

(State or country) Md

14 Informant Elmer Fox

(Address) 1215 Druid Hill Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 12 1928. to June 15, 1928.

that I last saw h[illegible] alive on June 14, 1928.

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Edema Myocarditis and Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1212 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial June 17 1928

20 UNDERTAKER Edgar Hall ADDRESS 755 Dolphin St

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34936

## CERTIFICATE OF DEATH.

118-001

E 34936
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital D-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wawrzyniec Dolangiewicz

(a) RESIDENCE NO. 827 S Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 40 | Months - | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland.

PARENTS

10 NAME OF FATHER John Dolangiewicz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Smith.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant John Szymowski

(Address) 827 S Bond st

15 Filed JUN 7 1928, 19 M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 10, 19 28, to June 15, 19 28,

that I last saw h.. alive on June 15, 19 28,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? Yes Date of June 14.

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. Stanley, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial June 18 1928

20 UNDERTAKER: F W Gazenski ADDRESS 1930 Eastern Ave.

Very important. See instructions on back of certificates. EXACT statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34937

## CERTIFICATE OF DEATH.

× 146

E 34937

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No.) Lafayette Ave & Eden ST. (14-20) WARD)

2-FULL NAME Margaret Elizabeth Conway

(a) RESIDENCE No. Round Hill Road ST., / WARD Owings Mills
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Allen Homer Conway.

6 DATE OF BIRTH (month, day, and year) Sept 14 1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 30 | 9 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll County near
(State or country) Deer Park.

PARENTS

10 NAME OF FATHER Charlie Buckingham

11 BIRTHPLACE OF FATHER (city or town) [redacted]
(State or country) Carrol County.

12 MAIDEN NAME OF MOTHER Mollie Myers

13 BIRTHPLACE OF MOTHER (city or town) Carrol County
(State or country)

14 Informant Allen Homer Conway
(Address) Owings Mills Md.

15 Filed JUL 1928 CHARLES S. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 5 1928 to June 15 1928, that I last saw her alive on June 15 1928, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Puerperal infection (pelvic phlebitis) following 2 mo. miscarriage.

(duration) yrs. 3 mos 15 ds.

CONTRIBUTORY (Secondary) Pulmonary embolism 2 hours.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of -

Was there an autopsy? No.

What test confirmed diagnosis? -

(Signed) H. H. Shrock. M. D.

, 19 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL June 18 1928

20 UNDERTAKER Carroll Co md ADDRESS

H. F. Elmer Reisterstown Md

Spec.—1-12-23—M&T—500 Bks.

E 34938

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 34938

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Baker St. 15-6X (WARD)

2-FULL NAME Charles Rothicke

(a) RESIDENCE No 2202 Baker St. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Rothicke

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 31 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Henry B. Rothicke

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rebecca Gotlieb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Minnie Rothicke (Address) 2202 Baker St

15 Filed ..... 19 ..... Registrar

(P 1928 S. HANSON JONES, M. D.)

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1928, to June 16 1928, that I last saw h alive on June 16 1928, and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Kadyn, M. D.

19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Rosedale | June 19 28 |

UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

Spec.–7-17-26—A Co.—200 Bks.

E 34939

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+128 E 34939

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Davis

(a) RESIDENCE NO. Pocomoke City, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20. 1912.

| 7 AGE | Years | Months | Days 26 | IF LESS than 1 day.....hrs. or.....min.. |
|---|---|---|---|---|
| | 16 | 11 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Keller.

(State or country) ~~Md~~ Va.

PARENTS

10 NAME OF FATHER Ruby J Davis

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Bessie Griffin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Ruby J Davis.

(Address) Route 1 Pocomoke Va.

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D. Registrar

7/7 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/28 19

17 I HEREBY CERTIFY, That I attended deceased from 3/24/28 19 to 6/16/28 19

that I last saw h.e.r. alive on 6/16/28 19

and that death occurred, on the date stated above, at 10 Pm m.

The CAUSE OF DEATH* was as follows:

Subacute Tubular Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) F E Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pocomoke City Md. Date of Burial June 21 1928

20 UNDERTAKER Geo A Farley. ADDRESS 1520 N Fayette

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

E 34940

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 34940

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3518 Spalding Ave. ST. 27-56 WARD)

2-FULL NAME Henry Bensel:

(a) RESIDENCE NO. 3518 Spalding Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of or (b) WIFE of: Late Mary Bensel

6 DATE OF BIRTH (month, day, and year): Nov 4, 1843

7 AGE: Years 84 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: William Bensel
(Address): 3518 Spalding Ave.

15 Filed JUN 18 1928 C. HAMPSON JONES, M. D.
By: Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16. 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1928, to June 16. 1928, that I last saw him alive on June 16 1928, and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Nephritis
Cystitis.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Prostatic hypertrophy

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James D. Steuart M. D.

6-17 1928 (Address) 4012 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: BRODBECK PA.

DATE OF BURIAL: June 15 1928

20 UNDERTAKER: Thenowetholz

ADDRESS: 2115 Eutaw

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34941

## CERTIFICATE OF DEATH.

90 E 34941

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1408 E Fairmount St. 5-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H Lewis

(a) RESIDENCE NO. 1408 E Fairmount St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Lewis

6 DATE OF BIRTH (month, day, and year) 1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 59 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Geo H Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant Susie Lewis

(Address) 1408 E Fayette St

15 Filed JUN 16 1928 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 19 28

I HEREBY CERTIFY, That I attended deceased from June 13, 19 28 to June 15 19 28.

that I last saw h... alive on June 15, 19 28

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes Physical

What test confirmed diagnosis?

(Signed) ... M. D.

6/15 19 28 (Address) 508 Fairmount St

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL June 18 19 28

20 UNDERTAKER Robert E Wiseman — ADDRESS 1515 McElderry St

Spec.—1-12-23—M&T—500 Blks.

E 34942 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34942

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS [redacted] St. 9-1-41 WARD)

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William W. Kolb.

(a) RESIDENCE No. 5509 1/2 Ardmore St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Kolb

6 DATE OF BIRTH (month, day, and year) Aug 19 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 9 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer McDowell-Pyle Co.

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

PARENTS

10 NAME OF FATHER Michael Kolb.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant. (Address) Records.

15 Filed , 19 RLK Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/1928

17

I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to June 10, 1928

that I last saw him alive on June 10, 1928

and that death occurred, on the date stated above, at 2-40 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

Arteriosclerosis - general

& cerebral.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Sab

(Signed) C. Holmes Bryd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL June 18, 1928

20 UNDERTAKER Wm. Tickner & Sons — ADDRESS Rockville

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34943 ~~Pt Fremont~~ 74-001 E 34943

CERTIFICATE OF DEATH ~~Fremont~~ Ave Baltimore Md.

1-PLACE OF DEATH

City of BALTIMORE: (No. Liberty Hgts Ave. Pompadour St. 28 Ward 5)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles G. Clarke

(a) RESIDENCE NO. 4413 Evergreen Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie L. Clarke

6 DATE OF BIRTH (month, day, and year): Aug 12-1875

7 AGE: Years 52 Months 10 Days - 4

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Drug Co.

9 BIRTHPLACE (city or town) Brooklyn

(State or country) Md.

PARENTS

10 NAME OF FATHER Edwin Clarke

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Laura Manning

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Wilbur F. Clarke

(Address) 4413 Evergreen Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

Apoplexy Sudden (duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Link, M. D. (Coroner)

June 18, 19 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial June 19 1928

20 UNDERTAKER Wm Flickner & Sons ADDRESS North Ave & Pa

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is necessary.

Cor.—12-9-25—A Co.—200 Bks.

E 34944

# HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 34944

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 Scott, 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie A. Geidt

(a) RESIDENCE NO. 608 Scott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip M. Geidt

6 DATE OF BIRTH (month, day, and year): Aug 29. 1875

7 AGE: Years 52 Months 9 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: Henry Haberstumpf

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Matilda Windolf

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Wash. D.C.

14 Informant: Philip M. Geidt

(Address): 608 Scott St.

15 Filed JUN 19 1928 HAMPTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest and autopsy (autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. ds.

Dated June 18 1928 C. Blades M. D.

(Coroner)

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem Date of Burial June 19 1928

20 UNDERTAKER: Mr. & Mrs. John W. Teufel & Son ADDRESS 501 N. Fayette

Very Important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34945

## CERTIFICATE OF DEATH.

90 E 34945

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2430 Druid Hill Ave St., (or) Ward)

2-FULL NAME Frank K. Thomson

(a) RESIDENCE NO. 2430 Druid Hill Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

Side

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, (or) WIFE of: Reta Thomson

6 DATE OF BIRTH (month, day, and year): 3-16-64

7 AGE: Years 64 Months 2 Days 29 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER: Fr. Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER: Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant: Reta Thomson

(Address) 2430 Druid Hill

15 Filed ..... 19 ..... Registrar

HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cabuelar Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D. (Coroner)

6/17, 1928 (Address) 1672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery Date of Burial: June 18 1928

20 UNDERTAKER: Thomas E. Kelson ADDRESS: 1393 Preston St

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34946 E 34946

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1527 McCulloh (St.) — 14-10 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Lee Bunch

(a) RESIDENCE. NO. 1527 McCulloh ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): July 27, 1926

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 10 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Edward Bunch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mississippi

12 MAIDEN NAME OF MOTHER: Clara C. Moody

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mississippi

14 Informant: Edward Bunch
(Address): 1527 Mc Culloh St.

15 Filed . 19 . HAMPSON JONES, M. D.
JUL 10 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1928

17 I HEREBY CERTIFY, That I attended deceased from June 12. 1928. to June 16. 1928

that I last saw her alive on June 15. 1928

and that death occurred, on the date stated above, at 12:20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Buddy Whooping Cough

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Gregory, M. D.

6-16-1928 (Address) 197 N Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetary — DATE OF BURIAL: June 18 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1803 Pierpont

(Over) SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

Spec.—2-29-28—L. F. S.—500 Bks.

E 34947

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 ~

E 34947

REGISTERED NO. 27-71

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Southern Ave (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth M Saul

(a) RESIDENCE NO. 3511 Southern Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? 65 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: George H Saul

6 DATE OF BIRTH (month, day, and year): Nov 22/1847

7 AGE — Years: 80 Months: 6 Days: 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth M Fischer (Address) 3511 Southern Ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15/28

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1928 to June 15, 1928

that I last saw h alive on June 14, 1928

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation + Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchial asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Smith, M. D.

, 19 (Address) 4708 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemt | June 18 1928 |

20 UNDERTAKER: William Cadden & Son

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34948

## CERTIFICATE OF DEATH.

91-002 E 34948

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME John Bemp

(a) RESIDENCE NO. Preston + Valley St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 64 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Bemp

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Brosch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Little Sisters of the Poor

(Address) Preston + Valley Sts.

15 Filed JUN 19 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 June 17th

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to June 17, 1928, that I last saw h..... alive on _____, 19....., and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Senility
Arteriosclerosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. W. Bloomstrom, M. D.

6/19 1928 (Address) 914 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial June 19 1928

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 E. Fayette St.

Very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

E 34949

# HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 34949

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 S Carrollton Ave St. 18 Ward 29)

2-FULL NAME Charles L Johnson

(a) RESIDENCE NO. 24 S Carrollton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie E Johnson

6 DATE OF BIRTH (month, day, and year) Mar 2 1856

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 72 | 7 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sea Food Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Perry Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Hamilton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Wm Johnson

(Address) 24 S Carrollton Ave

15 Filed ....., 19 HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia Sclerosis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

Signed M. D. (Coroner)

, 19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Md Date of Burial June 18 1928

20 UNDERTAKER Thos J Fields ADDRESS 1003 N Fremont

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34950

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

48 E 34950

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1806 Braddish Ave. 15 11 WARD)

2-FULL NAME Charles G. McIntosh

(a) RESIDENCE NO. 1806 Braddish Ave. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Ann McIntosh

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | 10 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mary Ann McIntosh (Address) 1806 Braddish ave.

15 Filed June 18 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to June 17, 1928, that I last saw him alive on June 17, 1928, and that death occurred, on the date stated above, at 4 44 P. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of face

(duration) 22 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

June 18, 1928 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL June 19 1928

20 UNDERTAKER Josiah Syfer ADDRESS 1600 W. North

(See instructions on back of certificates.)

Spec.—12-9-25—A Co.—200 Bks.

E 34951

Alta I Snooke

# HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ E 34951

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 31 Mallow Hill Rd. St.) (Ward) 28-71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alta Irene Snook

(a) RESIDENCE NO. 31 Mallow Hill Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 25th 1906

7 AGE: Years 22 Months 2 Days 21 IF LESS than 1 day.....hrs. or.....min. 25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Hospital Service

(c) Name of employer: Church Home

9 BIRTHPLACE (city or town): Frederick Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Jno M. Snook

11 BIRTHPLACE OF FATHER (city or town): Frederick Co.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: J. Hoffman

13 BIRTHPLACE OF MOTHER (city or town): Frederick Co.

(State or country): Md.

14 Informant: Mrs Jno M. Snook

(Address): 31 Mallow Hill Rd.

15 Filed....., 19..... HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 16/1928

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1928, to June 16th, 1928, that I last saw her alive on June 10th, 1928, and that death occurred, on the date stated above, at 5:55 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) .....yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Bad tonsils Stomach trouble from tonsils

(duration) .....yrs. mos. ds.

18 Where was disease contracted if not at place of death? Church Home Hosp

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inoculation

(Signed) E. Hamm, M. D.

6/17, 1928 (Address) 1605 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial June 19 1928

20 UNDERTAKER: Josiah Sypes ADDRESS: 1600 N. North Ave

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34952

## CERTIFICATE OF DEATH.

47 E 34952

12-50

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 2419 N. Calvert ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Newman Fitzpatrick

(a) RESIDENCE NO. 2419 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? 36 yrs. 5 mos. 11 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) January 6-1892

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | 5 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles F. Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York N.Y.

12 MAIDEN NAME OF MOTHER: Isabelle N. Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mr. Charles M. Fitzpatrick ( Brother)

(Address) 2419 N. Calvert St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb, 1927, to June 17th, 1928, that I last saw h alive on June 17th, 1928 and that death occurred, on the date stated above, at 11.55 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of breast with metastases

(duration) 1 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 28th 1927

Was there an autopsy? no.

What test confirmed diagnosis? Exam. of breast tumor

(Signed) Howard Fuller, M. D.

, 19 (Address) 715 Park av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: GreenMount Cemetery — DATE OF BURIAL: June 20/28

20 UNDERTAKER: STEWART & MOWEN COMPANY — ADDRESS: 108 W. NORTH AVE

JUN 19 1928 HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 34953

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34953

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1904 Boone St ST., 9-46 WARD)

2-FULL NAME Lorena Jane Bond

(a) RESIDENCE NO. 1904 Boone St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 81 yrs. 1 mos. 18 ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eli S. Bond

6 DATE OF BIRTH (month, day, and year) April 29/1847

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|---|
| | 81 | 1 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Seitzland Penna.

PARENTS

10 NAME OF FATHER Luther M. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford CO. Md.

12 MAIDEN NAME OF MOTHER Mary A. Allison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mr. Robert A. Bond ( Son)

(Address) 3704 Forest Park Ave

15 Filed 6/19 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16 1928

17 I HEREBY CERTIFY, That I attended deceased from — 1922 to 6/16 1928,

that I last saw her alive on 6/16 1928,

and that death occurred, on the date stated above, at 2-45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hemiplegia (Left)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Robert Schmidt M. D.

6/17, 1928 (Address) 140 S Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL June 19 1928

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

How is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

George Lachenmeyer ✓

E 34954

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 34954

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1337 Division ST., 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Lachenmeyer

(a) RESIDENCE NO. 1337 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. — mos. — ds. How long in U. S., if foreign birth Life yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary C. Lachenmeyer

6 DATE OF BIRTH (month, day, and year) Not known

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Lachenmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Blocher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary C. Lachenmeyer

(Address) 1337 Division St

15 Filed ..... 19 ..... (Registrar)

UN 18 1928 C. HERBERT JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from June 14 1928 to June 17 1928

that I last saw h.... alive on ..... 19....

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Pentecostal storm

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. R. Lucien, M. D.

6/17, 1928 (Address) 3501 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | June 19 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Aveck Son | 1301 Eager St |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34955
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

97-002
97 E 34955
REGISTERED NO.

CITY OF BALTIMORE: (No. South Balto. General Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Sheppard

(a) RESIDENCE No. 2244 Pennsylvania Ave ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 1900

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | 11 | 11 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman 632
(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City Dept.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Chas. Sheppard
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.
12 MAIDEN NAME OF MOTHER Anna Meisle
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles Sheppard
(Address) 2244 Pennsylvania Ave

15 Filed JUN 19 1928 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-13 1928 to 6-16 1928,
that I last saw h alive on 6-16 1928,
and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:
Gram Negative a
pontable septicemia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)
Pan Sinusitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Blood culture Film

(Signed) E. Young M. D.
19 (Address) S. Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
Loudon Park Cemetery June 19 1928

20 UNDERTAKER — ADDRESS
George L. Schwab 1001 Park Ave.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34956

## CERTIFICATE OF DEATH

E 34956

REGISTERED NO.

1-PLACE OF DEATH Off Catmans Pier between 12th & Clinton

City of BALTIMORE: (No. 12th & Clinton St., 10-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gerard O'Dair

(a) RESIDENCE NO. Colwyn Rd Herthyard Durham England Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) June 3 1909

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| about | 18 | - | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mess Boy

(b) General nature of industry, business, or establishment in which employed (or employer) S.S Sedgepool

(c) Name of employer S.S Sedgefield

9 BIRTHPLACE (city or town)

(State or country) England

PARENTS

10 NAME OF FATHER O'Dair

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. C. Benson

(Address) 22 Colwyn Rd., Durham, England

15 Filed ..... 19 .....

C. HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental drowning while swimming in Harbor

(duration) ..... yrs. ..... mos. ..... ds. Sudden

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D.

(Coroner)

6/14 19 28 (Address) 1002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial June 19 19 28

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W. Baltimore St

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34957

## CERTIFICATE OF DEATH

74-001 E 34957

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2005 Boone St. St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Elliott Doyle

(a) RESIDENCE NO. 2005 Boone St, St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Doyle

6 DATE OF BIRTH (month, day, and year) September 12th. 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 59 | 9 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Elliott

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Kehoe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Anna Doyle

(Address) 2005 Boone St.

15 Filed JUN 18 1928 19 C. HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th. 1928. 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1925 to June 17th, 1928

that I last saw h[illegible] alive on June 17, 1928

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) apoplexy - 3rd stroke

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald F. Tommy M. D.

, 19 (Address) 4142 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. Date of Burial 6/20 28

20 UNDERTAKER Chas. S. Grace & Son ADDRESS 1180 W. Royal Ave

very important. See instructions on back of certificates.

PHYSICIANS should state CAUSE of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

Meyer · Mayer ·

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34958 ✓ 129

## CERTIFICATE OF DEATH.

× E 34958

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts. 11 WARD)

2-FULL NAME Charles F. Meyer

(a) RESIDENCE NO. Washington D.C. (1320 Mass. Ave S.E.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry a. Meyer

6 DATE OF BIRTH (month, day, and year) Oct 20. 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 54 | — 7 | — 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Foble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mollie Shiley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records. (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/18, 1928, to 6/18, 1928

that I last saw her alive on 6/18, 1928,

and that death occurred, on the date stated above, at 6.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis & uremia

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry Vincent Davis M. D.

6/18 19 28 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

JUN 19 1928 C. HAMPSON JONES, M. D.

Read instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 34959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34959

## CERTIFICATE OF DEATH.

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Pulaski) ST. 20th WARD 7

2-FULL NAME Margaret Frorber

(a) RESIDENCE NO. 125 N. Pulaski ST., 20th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S., if of foreign birth? 50 yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julian Farber

6 DATE OF BIRTH (month, day, and year) Oct 12th, 1857

7 AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 70 | 8 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Leonhardt Fessler

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Kuhn

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Julian Farber (Address) 125 N Pulaski St

15 Filed June 18, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from June 9th, 1928, to June 17th, 1928, that I last saw her alive on June 17th, 1928, and that death occurred, on the date stated above, at 5-20 Pm.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

about (duration) 1 yrs. (from history) mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual & constitutional

(Signed) Fred. Hommer, M. D.

June 18 1928 (Address) 1729 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL June 20th 1928

20 UNDERTAKER F.S. Wyfuet — ADDRESS 855 N Pulaski St

IMPORTANT: Certificate may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 34960

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34960

## CERTIFICATE OF DEATH.

161-80

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 4-30 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Day

(a) Residence No. Arnold Md St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 9 1928

7-AGE. yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. 000

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Landy Day

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER, Sarah Tucker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland.

14-

(Informant).....

(Address) RFD

15-

Filed ..... 192.....

C. HAMPSON JONES, M. D.

FEB 1928 RFD Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 12, 1928

17- I HEREBY CERTIFY, That I attended deceased from June 9 1928 to June 12 1928

that I last saw him alive on June 12 1928

and that death occurred, on the date stated above, at 2 15 a m.

The CAUSE OF DEATH was as follows:

Prematurity

(Duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) Dr. Knight Reynolds M. D.

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. University Hospital

DATE OF BURIAL. June 12 1928

20-UNDERTAKER,

ADDRESS

Please answer questions on back of certificate.

Please write very important words in this space

Spec.—1-12-23—M&T—500 Blks.

E 34961 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34961

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3316 Ruckert Ave (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bowers

(a) RESIDENCE NO. 3316 Ruckert Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred —yrs. —mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucinda Frook.

6 DATE OF BIRTH (month, day, and year) Jan 7th 1847

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | 5 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Black Smith

(b) General nature of industry, business, or establishment in which employed (or employer) Country Blacksmith Shop

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Carroll Co (State or country) Md

PARENTS

10 NAME OF FATHER George Bowers

11 BIRTHPLACE OF FATHER (city or town) Penna (State or country)

12 MAIDEN NAME OF MOTHER Catherine Baldwin

13 BIRTHPLACE OF MOTHER (city or town) Penna (State or country)

14 Informant Mrs. Effie V. Towers

(Address) 3316 Ruckert Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 12th 1926, to June 18th 1926.

that I last saw h alive on June 17th 1926

and that death occurred, on the date stated above, at 11.40 A. m

The CAUSE OF DEATH* was as follows:

Hypo-static Congestion Lungs.
(Broncho Pneumonia)
Senility, Arteriosclerosis Etc.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. High Blood Pressure Etc. (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) W. D. Fillill, M. D.

6/18 1926 (Address) 3611 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Valley Cemetery

DATE OF BURIAL June 20 1926

20 UNDERTAKER W. M. Rountree

ADDRESS 220 S. Mt Street

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34962

## CERTIFICATE OF DEATH.

100-001

E 34962

1-PLACE OF DEATH

City of BALTIMORE: (No. Bald City Hospital St. 25-23 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Washington

(a) RESIDENCE NO. 1314 Stockton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Feb 15/1904

7 AGE — Years: 24 Months: 4 Days: 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): in home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER: John Washington

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Maria Joefin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia

14 Informant: Wm Folkson

(Address) 4324 Grantley, Forest

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

..... (duration) .....yrs. .....mos. 6 .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Jno M Pardon, M. D. (Coroner)

6/16 1928 (Address) Tove chance

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos. 3/4 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 1314 Stockton St

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery Date of Burial: June 18 1928

20 UNDERTAKER: Thomas E. Kelson ADDRESS: 1307 Pleasant

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 34963

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34963

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2316 Mayfield Ave St. ____ Ward)

2-FULL NAME Henry Hempfling

(a) RESIDENCE NO. 2316 Mayfield Ave St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma W. Hempling

6 DATE OF BIRTH (month, day, and year) Nov 8/1870

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 57 | 7 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Mfg.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Hempling

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Kleingelhaffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife

(Address)

15 Filed ____ 19 ____ C. HAMPSON JONES M.D. Registrar

JUN 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. S. Hallas M. D.
(Coroner)

6/10/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial June 13 1928

20 UNDERTAKER Hughes & Jones Inc ADDRESS 422 N. Broadway

Very important. See instructions on back of certificate.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

E 34964

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

65-001

E 34964

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Henry St. ST. 19-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Agnes Burns

(a) RESIDENCE NO. 1419 Henry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Widowed. |

5a If married, widowed, or divorced HUSBAND of or) WIFE of James H. Burns

6 DATE OF BIRTH (month, day, and year) 12/24/1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 47 | 6 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James McFarland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Miss Vera Burns 1419 Henry St

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

18 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from April 2nd, 19 28, to June 17, 19 28.

that I last saw her alive on June 17, 19 28.

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial dropsy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myeloid Leukaemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Schenuit M. D.

(Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral cem

DATE OF BURIAL 6/20 1928

20 UNDERTAKER John J. Doherty & Sons

ADDRESS 318 Light

Important—See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34965 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34965

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 146 Ost Pelliam ST. W 14 WARD)

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Fold.

(a) RESIDENCE NO. 146 Ost William St ST., W 14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret E. Fold.

6 DATE OF BIRTH (month, day, and year) — — 1896

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 32 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Adam Fold

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rosa Keller

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Md

14 Informant Mrs. M. E. Fold

(Address) 146 Ost William St.

15 Filed JUN 18 1928 .19.. C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from April 2 .19 28. to June 17 .19 28

that I last saw him alive on June 17 .19 28

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Hampson Jones M. D.

6/18, 1928 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 6/19 1928

20 UNDERTAKER J. J. Fahey & Sons

ADDRESS 1318 Light St

Please read carefully—See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34966

E 34966

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital, Remington Ave & Wyman Park Drive

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 12-5-1 93

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Torvald M. Holm

(a) RESIDENCE NO. 33 First Place ST., ..... WARD Brooklyn, N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? 23 yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of - single

6 DATE OF BIRTH (month, day, and year) March 2, 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 3 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer SS Paulsboro

9 BIRTHPLACE (city or town) ..... (State or country) Norway

PARENTS

10 NAME OF FATHER Peter Holm

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Norway

12 MAIDEN NAME OF MOTHER Cecilia Evenson

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Norway

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18, 19 28, to June 15, 1928, that I last saw him alive on June 15, 19 28, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of left leg and thrombosis of veins of left leg

(duration) ..... yrs. ..... mos 30 ds.

CONTRIBUTORY (Secondary) Embolism, pulmonary

(duration) ..... yrs. ..... mos. 5 min. ds.

18 Where was disease contracted if not at place of death? SS Paulsboro

Did an operation precede death? yes Date of May 29, 1928

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) C. L. Wilmot M. D.

, 19 (Address) U. S. Marine Hospital, Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's, Hamden — DATE OF BURIAL June 19, 28

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 125 E. North ave.

Fill very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34967

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34967

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sheffield Apts.

CITY OF BALTIMORE: (No. Lake Drive St. 13-54 WARD)

2-FULL NAME Mae Weil

(a) RESIDENCE NO. Sheffield Apts. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1873.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 8 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Massaurist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Benj. Weil.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Pauline Steigerwald

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14

Informant Mrs. Pauline Weil

(Address) Sheffield Apts

15

Filed , 19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th. 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug. 11, , 1925, to June 17, , 1928, that I last saw h.AW alive on June 15, , 1928 and that death occurred, on the date stated above, at A. m.

The CAUSE OF DEATH* was as follows:

Breast - Carcinoma - Left Breast
Small Infiltrating Scirrhus

(duration) 2 yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Carcinoma en Cuirasse - Metastasis to Brain

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 2, 1925

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Section

(Signed) L. Clarence Cohn, M. D.

, 19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Balto. Hebrew Cem. | 6/19/ 19 28 |

20 UNDERTAKER David Sondheim

ADDRESS 1820 W. Mt. Royal Ave

Important—See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 34968

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

H/34968

102 E 34968

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2327 Division St. 17-24 Ward)

2-FULL NAME Annie Lane.

(a) RESIDENCE NO. 2327 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Lane.

6 DATE OF BIRTH (month, day, and year): Mar. 1, 1868

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 2 3 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md.

PARENTS

10 NAME OF FATHER: John Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Susan Giles.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mamie J. Scott.

(Address) 2327 Division St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/16 1928

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to June 16, 1928

that I last saw her alive on June 16, 1928

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) J. H. Walker, M. D.

, 19 (Address) 1511 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvert Co Md.

DATE OF BURIAL: June 19 1928

20 UNDERTAKER: Thomas E. Kelly.

ADDRESS: 1303 Pennsylvania Ave

JUN 19 1928 HAMPSON JONES, M. D.

Please read carefully the reverse side of this certificate. Your statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 34969

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34969

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Mathewey

(a) RESIDENCE NO Barton W Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1) ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6 DATE OF BIRTH (month, day, and year) Jan 6 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 3 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James Mathewey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14

Informant

(Address) JOHNS HOPKINS HOSPITAL

15

Filed JUN 19 1928 HAMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18/28.

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 18, 1928.

that I last saw h— alive on June 18, 1928

and that death occurred, on the date stated above, at 8 18 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Penis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 6, 1928.

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) H. C. James, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Barton W. Va. | June 19 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm E. Black | 922 N Broadway |

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Blake

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34970

## CERTIFICATE OF DEATH

E 34970

1—PLACE OF DEATH

REGISTERED NO. 16-68

CITY OF BALTIMORE: (No. 2757 Rayner Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillian A Marschuck

(a) RESIDENCE NO. 2757 Rayner Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William F Marschuck

6 DATE OF BIRTH (month, day, and year): Oct 19, 1899

7 AGE: Years 28; Months 7; Days 27; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Stuniff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Julia Handley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Wm F Marschuck

(Address) 2757 Rayner Ave

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to June 16, 1928, that I last saw he alive on June 16, 1928, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast removed 4 yrs ago (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Jenkintown

Did an operation precede death? yes. Date of 1½ yrs ago

Was there an autopsy? no

What test confirmed diagnosis? Micro & Clinical.

(Signed) Thurlow C. Blake, M. D.

6/19, 1928 (Address) 718 Md Auto Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 6/20 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Madison St

Spec.—2-29-28—L. F. S.—500 lks.

Dr Miller 1500 Broadway

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 34971

129

E 34971

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4714 Schley Ave ST. 7-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sallie E. Childs

(a) RESIDENCE NO. 4714 Schley Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles M. Childs

6 DATE OF BIRTH (month, day, and year): Sept 29. 1858

7 AGE: Years 69 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Worden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Susan Collier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Sallie Josey

(Address): 4714 Schley Ave

15 Filed JUN 19 1928, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to June 15, 1928

that I last saw her alive on June 15 1928

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller, M. D.

6/18 1928 (Address) 1500 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: June 19 1928

20 UNDERTAKER: W M Cook — ADDRESS: 502 E Monument

Spec.—1-12-23—M&T—500 Bks.

E 34972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34972

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSP. ST. 94 34 90 REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Barber

(a) RESIDENCE NO. 501 E Fort ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelia Baker

6 DATE OF BIRTH (month, day, and year): June-8-1859

7 AGE: 68 Years; Months; Days 7

If LESS than 1 day, hrs. or min. 10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Bricklayer Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Miss

PARENTS

10 NAME OF FATHER: William -

11 BIRTHPLACE OF FATHER (city or town) (State or country): Miss

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Miss

14 Informant (Address): R[redacted]

15 Filed ....., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-17 19 28

17 I HEREBY CERTIFY, That I attended deceased from 6/14, 1928, to 6-17, 1928, that I last saw him alive on 6-17, 1928, and that death occurred, on the date stated above, at 2 00 H m.

The CAUSE OF DEATH* was as follows: Myocarditis Chr + Acute

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) yrs. mos. ds.

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) C. Holmes Barber, M. D.

(Address) [redacted] CITY HOSP.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 6/20 1928

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E North

IMPORTANT See instructions on back of certificates. Exact statement of OCCUPATION is very important

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34973

## CERTIFICATE OF DEATH

100 E 34973

1-PLACE OF DEATH Bay City Hospitals

CITY OF BALTIMORE: (No. 1 Bath, Marshall ST., 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Dobry

(a) RESIDENCE No. 601 Clifton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND) of or (WIFE) of: Thos J. Dobry

6 DATE OF BIRTH (month, day, and year): 7 3 68

7 AGE: Years: 70 about; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): House work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Czecho Slovakia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Czecho Slovakia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Czecho Slovakia

14 Informant: Bay City Hospitals (Address): Baltimore Md

15 Filed JUN 16 1928 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6 - 15 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-14- 1928 to 6 15 1928

that I last saw h. alive on 6 - 15 1928

and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Senile Psychosis with Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goodwin M. D.

19 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 19 1928

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave.

HOW is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34974

## CERTIFICATE OF DEATH.

113

REGISTERED NO. E 34974

1-PLACE OF DEATH

City of BALTIMORE: No. 623 W Conway St. 17-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie James Gray

(a) RESIDENCE NO. 623 W Conway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 17 28

7 AGE: Years — Months: 1 — Days: 0 — If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Gray

11 BIRTHPLACE OF FATHER (city or town):

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: Alice Cotton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): S. C.

14 Informant: Thomas Gray

(Address): 623 Conway St

15 Filed ... 19 ... Registrar

NOV 19 1925 H. MAY JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17 1928

17 I HEREBY CERTIFY That I took charge of the remains deserибed above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Int Rickets

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed: J. C. Wall, M. D.

(Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Lion — Date of Burial: 6-19 1928

20 UNDERTAKER: Eugene Waters — ADDRESS: 709 Fremont Ave

OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state CAUSE very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34975

## CERTIFICATE OF DEATH.

24-33 129

REGISTERED NO. E 34975

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 900 William (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josiah Cromwell Armiger

(a) RESIDENCE NO. 900 William ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E.E.Armiger

6 DATE OF BIRTH (month, day, and year) Apr.22,1843

| 7 AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 85 | 1 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Commission

(c) Name of employer Merchant

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER Joseph Armiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co., Md.

12 MAIDEN NAME OF MOTHER Patience Cromwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Margaret E.E. Armiger (Address) 900 William St.

15 Filed ... 19 ... HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to June 17, 1928.

that I last saw h[illegible] alive on June 17, 1928

and that death occurred, on the date stated above, at 3.45 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

Chr. Ulc. Bladder (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. N. Corddop, M. D.

19 (Address) 3707 Calloway Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL June 20 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34976

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57 E 34976

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 W. Saratoga ST., 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Mullan Armstrong

(a) RESIDENCE NO. 2105 W. Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Armstrong

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 9 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard Swindell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Charlotte Brenholz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Richard Armstrong (Address) 1132 Ashburton St.

15 Filed JUN 19 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to June 16, 1928, that I last saw h[illegible] alive on June 16, 1928, and that death occurred, on the date stated above, at 2.10 p. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Pulmonary Oedema

2 Days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hamson Jones M. D. (Address) 3027 W. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL June 19 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

THAT IT may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34977

## CERTIFICATE OF DEATH.

90 E 34977.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2217 Portugal St., (WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jozefa Wozniak (or Lawicka)

(a) RESIDENCE No. 2217 Portugal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Kowalski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Rostkowska (Address) 41 Monument ave

15 Filed JUN 19 1928, 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1927, to June 19, 1928

that I last saw her alive on June 17, 1928

and that death occurred, on the date stated above, at 9.30 a m

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension Endocarditis

(duration) 1 yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Nurkin, M. D.

, 19 (Address) 2419 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL June 21 1928

20 UNDERTAKER J. W. Ozarowski

ADDRESS 1430 Eutaw

TION is very important. See instructions on back of certificate. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Bks.

E 34978 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34978

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No.. Balto Md ST., 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Bailey

(a) RESIDENCE NO. 247 S Decker Sq ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Pvt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Nathaniel Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jennie Campher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Balto City Hospl Balto Md

15 Filed JUN 19 1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-17 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-15 1928 to 6-17 1928

that I last saw him alive on 6-17 1928

and that death occurred, on the date stated above, at 10 25 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs, mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical history

(Signed) Wm. C. Smith M. D.

19 (Address) Bolton & Eutaw Sts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary DATE OF BURIAL June 21 1928

20 UNDERTAKER Moore & Elliott ADDRESS 1125 Ashland Ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—31&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34979

## CERTIFICATE OF DEATH.

31

REGISTERED NO. E 34979

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (WARD)

2-FULL NAME Sarah Savage

(a) RESIDENCE No. 1703 Calhoun ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 4, 1909

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 18 | 11 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Carey Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Estella Mers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Hospital records

15 Filed JUN 19 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1927 to June 14, 1928, that I last saw her alive on June 14, 1928 and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary TBC

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (cause) (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Lab. Path. & Clinical

(Signed) Henry C. Smith, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wassau by Starke

DATE OF BURIAL: June 17 1928

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: Parkland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 34980

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34980

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 702 Gorsuch Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth W. Hyatt

(a) RESIDENCE NO. 702 Gorsuch Ave. St. 9 Ward

(Usual place of abode) Baltimore (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 17 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Governeur Hyatt Jr.

6 DATE OF BIRTH (month, day, and year): January 20 - 1868

7 AGE 60 Years 5 Months 4 Days 27

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward J. Snow

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Inloes

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Governeur Hyatt

(Address) 702 Gorsuch ave

15 Filed JUN 19 1928 H. MILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to June 17, 1928, that I last saw h.. alive on June 16 1928, and that death occurred, on the date stated above, at 8.10 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of July 1927

Was there an autopsy? No Exploring Incision

What test confirmed diagnosis? —

(Signed) H. G. Grimes M. D.

, 19 (Address) 634 Gorsuch ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial: June 20 1928

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1400 Eutaw Pl.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 34981

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Md. St. 13-14 WARD)

2-FULL NAME Mrs. Ruth Cartledge

(a) RESIDENCE NO. 2936 Wyman Parkway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO. 167-002 E 34981

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 18, 1928

7 AGE: Years | Months | Days: 14 hours | If LESS than 1 day, 14 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): None.

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Grover Cartledge

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gainsville Georgia

12 MAIDEN NAME OF MOTHER: Matilda Wilmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Grover Cartledge

(Address): 2936 Wyman Parkway

15 Filed , 19

C. HAMPSON JONES, M. D. Registrar

JUN 19 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/18/28 19

17

I HEREBY CERTIFY, That I attended deceased from 6/18/28, 1928. to 6/18/28, 1928.

that I last saw he alive on 6/18/28, 1928,

and that death occurred, on the date stated above, at 10.10 P m.

The CAUSE OF DEATH* was as follows:

Intervenous hemorrhage following delivery

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 14 hrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Spinal puncture

(Signed) Mamie Lizeabeth M. D.

6/18 1928 (Address) 18 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem

DATE OF BURIAL: June 19 1928

20 UNDERTAKER: John C Mitchell Son

ADDRESS: 1905 Eutaw Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34982

## CERTIFICATE OF DEATH.

107-001

E 34982

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Cathedral apts. 11-24

CITY OF BALTIMORE, (No. 1028 Cathedral St. ST. WARD)

2-FULL NAME Rose E. Bokee

(a) RESIDENCE NO. Cathedral apts. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Bokee

6 DATE OF BIRTH (month, day, and year) June 13 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 55 | 0 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

PARENTS

10 NAME OF FATHER John H. Gross

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Jane Allen

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Mr. Geo. W. Bokee (Address) 1028 Cathedral St.

15 Filed JUN 19 1928 HAMILTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to June 18, 1928, that I last saw her alive on June 17th, 1928, and that death occurred, on the date stated above, at 8.05 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis

about (duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edgar P. Britton, M. D.

6-18-1928 (Address) 3316 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md. DATE OF BURIAL June 21, 1928

20 UNDERTAKER Wm. Tickner Sons ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34983

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

45 E 34983

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 E. Oliver ST., 8-16 WARD)

2-FULL NAME John Holler

(a) RESIDENCE No. 2410 E. Oliver ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W. | M. |

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~or) WIFE of~~ Amelia Holler

6 DATE OF BIRTH (month, day, and year) Nov 8/68

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 7 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work P. P. R. R.

(b) General nature of industry, business, or establishment in which employed (or employer) Freight

(c) Name of employer Inspector

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Frank Holler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Magdelene

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Amelia Holler

(Address) 2410 E Oliver St

15 Filed JUN 19 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1 1928, to June 16 1928, that I last saw him alive on June 16 1928, and that death occurred, on the date stated above, at 10 45 A. m.

THE CAUSE OF DEATH* was as follows:

Carcinoma of Bladder, Carcinoma of Prostate and Intestines

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination.

(Signed) Albert Diefenbach M. D.

6/16 1928 (Address) 2025 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 6/19 1928

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34984

E 34984

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 3614 E Fayette St. 12-29 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Lang

(a) RESIDENCE NO. 3614 E Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Lang

6 DATE OF BIRTH (month, day, and year) June 11 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broom maker

(b) General nature of industry, business, or establishment in which employed (or employer) Broom works

(c) Name of employer James B. Obenger

9 BIRTHPLACE (city or town)

(State or country) Balto City

PARENTS

10 NAME OF FATHER Joseph Lang

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Mary Sowers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Mary Lang

(Address) 3614 E Fayette

15 Filed JUN 13 1928 HAMPSON JONES, M. D. Registrar

RDR

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis Mitral Regurgitation Probably

(duration) unknown time yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Blood Clot in Coronary artery sudden

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

6 18 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 6/20 1928

20 UNDERTAKER Philip Henry ADDRESS 2016 Orleans St

Cor. will be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 34985

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34985

## CERTIFICATE OF DEATH

111-001

1—PLACE OF DEATH

REGISTERED NO. 70-69

CITY OF BALTIMORE: (No. 2103 W. Lexington ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leo A. Rippelmeyer

(a) RESIDENCE NO. 2103 W. Lexington ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27, 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 46 | II | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore City Police Dep't.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Albert J. Rippelmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Agnes C. Finney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Albert J. Rippelmeyer
(Address) 3024 W. Lanvale St.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

JUN 19 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17-1928

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to June 17, 1928, that I last saw h... alive on June 17, 1928 and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Stomatomicosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Vomiting of Blood

(Signed) Leo A Carlson, M. D.

6/17, 1928 (Address) 2105 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Ridge Cemetery | June 20 1928 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| Harry A. Witzke | 1631 W. Lanvale St. |

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34986

## CERTIFICATE OF DEATH.

177 E 34986

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 1124 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Walker ~~or mother~~

(a) RESIDENCE NO. 1102 Linden Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Walker

6 DATE OF BIRTH (month, day, and year) Apr 1904

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 24 | 3 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Westminster, Md.

PARENTS

10 NAME OF FATHER John McGruder

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md. Virginia

12 MAIDEN NAME OF MOTHER Alice Valentine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Alfred McGruder

(Address) Westminster, Md.

15 Filed JUN 19 1928 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 11/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Neoarsphenimine poisoning

(During treatment for Syphilis at State Clinic, University Hosp'l.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Culver M. D.

(Coroner)

6/19/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cavalry Cemetery Date of Burial June 19, 28

20 UNDERTAKER Jas. M. Johnson ADDRESS 1234 Ethan St.

Do not should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

39982

E 34987

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34987.

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY [illegible] ST. 27-21 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lawrence.

(a) RESIDENCE No. 724 Hanover ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

PARENTS

10 NAME OF FATHER Wilmer Lawrence

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Virginia

14 Informant
(Address) Records

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 / 18 / 1928

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1927 to June 19, 1928

that I last saw h[illegible] alive on June 19, 1928

and that death occurred, on the date stated above, at 5 20 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

Arteriosclerosis

Hypertension

(duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY
(Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? General .....

(Signed) C. [illegible] Wilmer Gross, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL June 20 1928

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34988

## CERTIFICATE OF DEATH.

129 E 34988

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Ridgewood Ave 15-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morell N Packard

(a) RESIDENCE No. 4105 Ridgewood Ave ~~St.~~, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Judge

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER Amos Packard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Lydia S Kerrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Lenora V. Packard

(Address) 4105 Ridgewood Ave

15 Filed ., 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928 to June 17, 1928

that I last saw him alive on June 16, 1928

and that death occurred, on the date stated above, at 11 15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Thos. C. Blake M. D.

, 19 (Address) 719 Med Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park | June 20 1928 |

20 UNDERTAKER George J Smith ADDRESS 153 Hollins

E. HARRISON JONES, M. D.

JUN 18 1928

Pal

Matter should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34989

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34989

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 19-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George T. Wilson.

(a) RESIDENCE No. 418 Main, Laurel, Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18- 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 69 | 10 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm H. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant L. A. Miles

(Address) Laurel Md

15 Filed 2 19 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1928

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to June 19, 1928;

that I last saw him alive on June 18, 1928

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure + Mitral regurgitation.

(duration) 2½ yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis, - C hypertension (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. B. Sherman, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md

DATE OF BURIAL 6/21/28

20 UNDERTAKER L Floyd Kaiser

ADDRESS Laurel Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34990 — 34990

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., WARD)

REGISTERED NO. 5 6 111-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Wilson

(a) RESIDENCE NO. 1109 Sun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | ? |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

(Address) Remote.

15 Filed 1928 RPH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10/1928

17

I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1918, to June 10, 1928.

that I last saw h alive on June 10, 1928

and that death occurred, on the date stated above, at 10 00 A m.

The CAUSE OF DEATH* was as follows:

Perforated gastric ulcer.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bilateral amputation of legs

(duration) 10 yrs. ago mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Sect

(Signed) C. Holmes Grigg, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34991

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34991

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [redacted] Wilson

(a) RESIDENCE NO. [redacted] ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Irene Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Mary Singleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant [redacted] Stevenson UNIVERSITY OF MARYLAND

15 Filed , 19 Registrar

2549

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12/1928

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1920 to June 12, 1928 that I last saw h[redacted]ive on June 12, 1928 and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Subacute bacterial endocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gumma + Sub.

(Signed) C. Stevenson Boyd, M. D.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JUN 13 1928

20 UNDERTAKER

ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] TION is very important. See instructions on back of certificates.

J. C. HAMPSON JONES, M. D.

THE MUSEUM

E. 34992

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 34992

## CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1713 Vine St., 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johnson

(Residence in Baltimore: No. 1713 Vine St.; yrs.....mos.....ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX | 4-COLOR OR RACE, | 5-Single, Married, Widowed, or Divorced, (Write the word.) |
|---|---|---|
| F. | C | Married |

6-DATE OF BIRTH. —

.....1.....
(Month) (Day) (Year)

| 7-AGE | If LESS than 1 day, |
|---|---|
| 27 yrs.....mos.....ds. | ....hrs. or.....min.* |

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), U

PARENTS.

10-NAME OF FATHER, U

11-BIRTHPLACE OF FATHER, (State or Country), U

12-MAIDEN NAME OF MOTHER, U

13-BIRTHPLACE OF MOTHER, (State or Country). U

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Office Dr Path.

(Address).....

15- Filed NOV 19 1928, 192.....

C. HAMPSON JONES, M. D. Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8 1928
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(Alcoholism)
(Duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.

Signed 1928 C. Hampson Jones M. D.
(Coroner)
192.... (Address) 1436 N. Bway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..... 19...

20-UNDERTAKER, ADDRESS

(Undertaker's)

UNIVERSITY OF MARYLAND
JUN 19 1928

0551 THE MORGUE

Form, Rev. C. Vital Stat. M.J.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34993

## CERTIFICATE OF DEATH.

E 34993

REGISTERED NO. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. Ward)

2-FULL NAME Mozelle B. Longerbeam

(a) RESIDENCE NO. 6000 Oak Ave (Govans) St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17, 1912

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 16 | 6 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Justice Longerbeam

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lena C. Hibbard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Lena L. Mitchell

(Address) 6000 Oak Ave

15 Filed ....., 19 ..... Registrar

19 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.

(Coroner)

6/19/28 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenhill County Berryville Va Date of Burial 6/20 1928

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

Am

(If a child, how many days old?) (If a child, how many hours old?)

(If a child, how many days old?) (If a child, how many hours old?)

(If a child, how many days old?) (If a child, how many hours old?)

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 34994

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34994

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 N. Fort Ave St. 23-31 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mack

(a) Residence No. 120 N. Fort Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, Widow or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE Henry Mack

6-DATE OF BIRTH (month, day and year) March 6th 1845

7-AGE 83 yrs. 3 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER Christian Altreith

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germy

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germy

14- (Informant) David Mack

(Address) 120 N. Fort Ave.

15- Filed ..., 192.. Registrar.

C. HAMPSON JONES, M. D.

1928 ROA

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 18th 1928

17- I HEREBY CERTIFY, That I attended deceased from May 25 1928 to June 18 1928

that I last saw her alive on June 7 1928

and that death occurred, on the date stated above, at 10:50 A. M.

The CAUSE OF DEATH* was as follows:

Senile Hypostatic

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hall Pleasants M. D.

6/18 1928 (Address) 1 E Franklin

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL. June 21 1928

20-UNDERTAKER. C. Schloman & Son ADDRESS 1039 Gaven Ave.

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 34995

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34995

## CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp. (St.) 2200 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr George Schacher

(a) RESIDENCE NO. 2567 W. Fairmount Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Schacher

6 DATE OF BIRTH (month, day, and year) Sept 16, 1869

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 9 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Schacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Schacher Jr.
(Address) 2567 W. Fairmount Ave

15 Filed JUN 13 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-12, 1928, to 6-19, 1928, that I last saw him alive on 6-19, 1928 and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 6-14-28

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) George C Boyd, M. D.

, 19 (Address) 2003 W. Fayette St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL June 22, 28

20 UNDERTAKER Charles W. Dill — ADDRESS 3109 Frederick Ave,

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 34996

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34996

## CERTIFICATE OF DEATH.

31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5628 Belair Road ST., 27-12 WARD)

2-FULL NAME Anna M. Strocker

(a) RESIDENCE NO. 5628 Belair Road, Respeburg ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 5, 1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or.....min. |
|---|---|---|---|---|
| | 49 | 4 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Strocker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kreiling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Henry Strocker

(Address) 5628 Belair Road

15

Filed ..... 19 ..... C. HAMPSON JONES, M. D.

By ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 19 28

17

I HEREBY CERTIFY, That I attended deceased from April 2, 19 28, to June 18, 19 28,

that I last saw her alive on June 17, 19 28,

and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? X Ray.

(Signed) Albert L. Webster, M. D.

, 19 (Address) 6409 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL BALTIMORE CEMETERY

DATE OF BURIAL June 20 19 28

20 UNDERTAKER Frederick Lessahn & Son

ADDRESS Fullerton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates. ... AGE should be stated EXACTLY. PHYSICIAN should state ... supplied.

Spec.—7-17-26—A Co.—200 Bks.

E 34997

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34997

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton Ave St. 15-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Stewart

(a) RESIDENCE NO. 2904 Hilldale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Chas P Stewart

6 DATE OF BIRTH (month, day, and year): Feb 2. 1853

7 AGE — Years: 75 Months: 4 Days: 16 IF LESS than 1 day ...hrs. or ...min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Dames

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Alice Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Jenkins Memorial Hospital (Address): 1000 Caton Ave Balto

15 Filed JUN 19 1928, 19

C. HAMPSON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 1928

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1928, to June 18, 1928, that I last saw her alive on June 14, 1928, and that death occurred, on the date stated above, at 12-05 A m.

The CAUSE OF DEATH* was as follows:

Cardio-nephritis Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis Senile

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Augustine P. Von Lehe B, M.D. (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Gwans

Date of Burial: June 20 1928

20 UNDERTAKER: Mary W. Medford

ADDRESS 501 E 22nd St

IMPORTANT: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Ruzycka
800 N Patterson Pk

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34998

## CERTIFICATE OF DEATH

49

E 34998

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 Whitridge Ave. ST. 12-56 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Finnessy

(a) RESIDENCE NO. 435 Whitridge ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 DATE OF BIRTH (month, day, and year) Sept 18. 1892

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 35 | 8 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pr Machine Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Lord Balt Press Company

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James P. Finnessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Kate Runnel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frances L. Finnessy

(Address) 435 Whitridge Ave

15 Filed 6-19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17-28

17 I HEREBY CERTIFY That I attended deceased from June 1 1928 to June 17 1928

that I last saw h alive on June 17 1928

and that death occurred, on the date stated above, at 6 15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Neck & Chest

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Oral Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Judgment

(Signed) Theo R Hodges M. D.

6-19 1928 (Address) 800 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL June 22 1928

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

IMPORTANT. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34999

## CERTIFICATE OF DEATH.

129 E 34999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1602 E. Monument St., 1-13 Ward)

2-FULL NAME Thomas S. Johnson

(a) RESIDENCE NO. 1602 E. Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett E. Johnson

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 70 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wall Painter

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway & Electric Company

(c) Name of employer

9 BIRTHPLACE (city or town) Seychelles

(State or country) East Indies

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant: Mrs. Harriett E. Johnson

(Address) 1602 E. Monument St.

15 Filed 19

C. HAMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 19 26

17 I HEREBY CERTIFY, That I attended deceased from about 3 mos. 1890, to June 17. 26, 19

that I last saw h[illegible] alive on June 15 - , 1926,

and that death occurred, on the date stated above, at 10:35 A. M.

The CAUSE OF DEATH* was as follows:

Hypertension

Nephritis

Some months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? -

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) W. T. Riley, M. D.

June 19 1926 (Address) 1637 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — Date of Burial 6-21-1926

20 UNDERTAKER Mrs. Sarah G. Bailey — ADDRESS 1731 Jefferson St.

1926

tion should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2E 47461 / 2E 35000

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 47 E 35000

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susan F. Albright

(a) RESIDENCE NO. 730 W. Fern St ST., WARD Buffalo-4-4-
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of John J Albright

6 DATE OF BIRTH (month, day, and year) Oct 8 1868

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 5-9 | 8 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass

PARENTS

10 NAME OF FATHER E S Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER Nancy —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 19 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 - 28

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to June 19, 1928

that I last saw her alive on June 19, 1928

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Recurrent Carcinoma of breast with metastases to mediastinum (duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical

(Signed) W Lindsay Miller Jr., M. D.

6/19/1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Buffalo New York | June 17 1928 |
| 20 UNDERTAKER Henry Weber & Sons | ADDRESS Cortez & Eutaw |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35001

## CERTIFICATE OF DEATH

E 35001

117

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 11-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Loper

(a) RESIDENCE NO 2909 Edmondson ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? 10 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Married |

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Lotta Anna Loper

6 DATE OF BIRTH (month, day, and year) Nov 7. 1857

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 70 | 7 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Leg Captain Port Elizabeth

9 BIRTHPLACE (city or town)

(State or country) N.J.

PARENTS

10 NAME OF FATHER Daniel Loper

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mr William H. Loper

(Address) Washington D. C.

15 Filed JUN 19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17/28

17 I HEREBY CERTIFY, That I attended deceased from 5/28/28, 19, to 6/17/28, 19, that I last saw h. alive on 6/17/28, 19, and that death occurred, on the date stated above, at 8 45 P.M. m.

The CAUSE OF DEATH* was as follows:

Suppurative Appendicitis

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5/29/28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. S. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

Date of Burial June 20 1928

20 UNDERTAKER Jos Jourdens & Son

ADDRESS 217 S Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 35002

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35002

1-PLACE OF DEATH

City of BALTIMORE: (No. 1312 N. Caroline St. 4-17 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Edwards

(a) RESIDENCE NO. 1312 N. Caroline St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary W. Edwards

6 DATE OF BIRTH (month, day, and year) May 1, 1843,

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 85 | 1 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Delaware

PARENTS

10 NAME OF FATHER George Edwards

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Delaware

12 MAIDEN NAME OF MOTHER Margt. Allaban

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Delaware

14 Informant Mrs. Henry Hastings

(Address) Freelands Md.

15 Filed JUN 19 1928 C. HAMPSON JONES M. D.

By RRH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 18 1928

17 I HEREBY CERTIFY, That I attended deceased from MAY 18, 1928, to JUNE 18, 1928, that I last saw him alive on JUNE 18, 1928, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Thrombosis of Heart

(duration) 1 yrs. X mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis 6 days

Myocarditis

Arteriosclerosis (duration) 3 yrs. + mos. + ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of_____

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Otto Duker, M. D.

6/19 1928 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Barretts Chapel Del. June 21 1928

20 UNDERTAKER ADDRESS

Wm. L. Black 927 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35003

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35003

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 N. 23rd ST. 17-51 WARD)

REGISTERED NO. 100-881

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Marie Malangle

(a) RESIDENCE NO. 431 N. 23rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 12-1928

7 AGE — Years: — Months: 2 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: John Malangle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore City

12 MAIDEN NAME OF MOTHER: Mildred E Eaton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore City

14 Informant: John Malangle

(Address) 431 N. 23rd

15 Filed JUN 19 1928, 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18th, 1928, to June 18, 1928, that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C. Manning M. D.

6-19, 1928 (Address) 323 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St Vincent Cemetery — DATE OF BURIAL: June 20 1928

20 UNDERTAKER: A S Marshall — ADDRESS: 3539 Fait Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35004

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35004

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. [illegible] Ward)

REGISTERED NO. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Kaste.

(a) RESIDENCE NO. Chestnut Ridge P.O. Baltimore Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas. H. Kaste

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Wilhelmina Schuetz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant [illegible] (Address) Phoenix.

15 Filed JUN 19 1928 19 Mar [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18/1928

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1928 to June 18, 1928

that I last saw him alive on June 19, 1928

and that death occurred, on the date stated above, at 7 00 A. m.

The CAUSE OF DEATH* was as follows:

Alcoholism - chronic acute

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Symptoms

(Signed) C. Johnson Boyd, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lutheran Emanuel. DATE OF BURIAL June 20 1928

UNDERTAKER H S Marshall ADDRESS 3539 Fall Rd

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35005

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35005

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital. REGISTERED NO. 12-44

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harold Carlton

(a) RESIDENCE No. ..... Baldwin, Md. St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 3. 1922

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 6 | 3 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER Bryan C. Carlton

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Fairhaven Pa.

12 MAIDEN NAME OF MOTHER Ella Grimm

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) W. Va.

14 Informant B. C. Carlton
(Address) Baldwin Md

15 Filed JAN 13 1928, 19 ..... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1928

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to June 19, 1928, that I last saw h in alive on June 19, 1928 and that death occurred, on the date stated above, at 12 10 p m

The CAUSE OF DEATH* was as follows:

Basilar fracture of Skull. (Accd)

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) Pneumonia hemiplegia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) J. J. Seraglio, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestnut Grove Cemetery Balto Co Md

DATE OF BURIAL June 21 1928

20 UNDERTAKER Clarence L. Arthur

ADDRESS Fork Md

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important! See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E4963 E35006

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-001 V

E 35006

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Sharpe

(a) RESIDENCE NO. 2411 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-11-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER George Sharpe

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Ida Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

JUN 19 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 28

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to June 18, 1928, that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at 10 15 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. T. Bennett, M. D.

6/18. 1928 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL June 20. 28

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pennsylvania Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35007

E 35007

66

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 4 Ward)

2-FULL NAME William Curry

(a) RESIDENCE NO. 1711 Brunt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Copper Works.

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Jenifer Curry

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Lucinda Jessop

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Charles Curry (Brother)

(Address) 1711 Brunt St.

15 Filed JUN 19 1928 19

C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) his find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feller, M. D.

(Coroner)

6/19 19 28 Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northumberland Co Va Date of Burial June 20 19 28

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Lisbon St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 lbs.

E 35008 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35008

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 N. Gilmor ST., 15-22 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Frank Johnson

(a) RESIDENCE NO. 1310 N. Gilmore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Carrie Johnson

6 DATE OF BIRTH (month, day, and year) unknown 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Howard Co., Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Carrie Johnson (Address) 1310 N. Gilmore St.

15 Filed JUN 20 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928 to June 17, 1928, that I last saw him alive on June 16, 1928, and that death occurred, on the date stated above, at 12.10 m.

The CAUSE OF DEATH* was as follows:

Cardio-renal Complications

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None other than clinical symptoms

(Signed) N. Macco Williams, M. D.

6/20 1928 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem DATE OF BURIAL 6/20 1928

20 UNDERTAKER Eugene Kastens ADDRESS 916 Dulaney

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35009

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35009

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 69 WARD)

2-FULL NAME Caroline Rubinson

(a) RESIDENCE No. 819 N. Bond ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profesalon or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Edmund Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Esther ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant .....
(Address) Same

15 Filed JUN 27 1928, 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17/1928.

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1928. to June 17, 1928

that I last saw h-- alive on June 17, 1928

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

Arteriosclerosis

Hypertension

(duration) ? yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Holmes Bryan, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leakey cemetery

DATE OF BURIAL June 20, 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35010

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35010

1-PLACE OF DEATH 5924 Bellona Ave.

CITY OF BALTIMORE: (No.) (St.) (WARD) 27 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma M. Jessop

(a) RESIDENCE No. 5924 Bellona Ave WARD 27

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles M. Jessop

6 DATE OF BIRTH (month, day, and year) Jan. 22 - 1836

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 92 | 4 | ~~25~~ 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 07

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Yucks Co. Penna.

PARENTS

10 NAME OF FATHER Walter Booth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chester Co. Penna.

12 MAIDEN NAME OF MOTHER Rachel Spence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chester Co. Penna.

14 Informant Daughter Mrs E K Spencer

(Address) 5924 Bellona Ave.

15 Filed JUN 20 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10 . 1928 . to June 19 . 1928 . that I last saw her alive on June 18 . 1928 . and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Examination

(Signed) Kenneth B. Boyd M. D.

. 19 (Address) Walbrook Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestnut Grove. DATE OF BURIAL June 22 1928

20 UNDERTAKER W C Brooks & Son ADDRESS Sparks, Md

Spec.—1-10-21—M&T—1500 Bks.

E 35011

# HEALTH DEPARTMENT—CITY OF BALTIMORE

001 ✓

E 35011

## CERTIFICATE OF DEATH

Registered

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4213 Evergreen Ave (Ward) 25

2-FULL NAME Mary Cromwell

(a) RESIDENCE NO. 4213 Evergreen Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alex Cromwell

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1847

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 6 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edgar P. Cromwell

(Address) Lynchburg Va

15 Filed JUN 21 1928 19 HAMILTON JOYCE, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1928

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to June 19, 1928.

that I last saw h[illegible] alive on June 19, 1928.

and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. B. Parker M. D.

, 19 (Address) 3123 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL June 21 1928

20 UNDERTAKER Geo M. Frick & Son

ADDRESS 611 W Pratt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 21 1928

Cor.—12-9-25—A Co.—200 Bks.

35012

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 ✓

REGISTERED NO. E 35012

1-PLACE OF DEATH Enroute

City of BALTIMORE: (No. Ho. kins Hospital 10-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Downs

(a) RESIDENCE NO. 606 E. Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arlee Downs

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Copper Works

9 BIRTHPLACE (city or town)

(State or country) S.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S.C.

14 Informant Florence Lucas

(Address) 1319 Myrtle Ave

15 Filed ..... 19 ..... Registrar

JUN 20 1928 C. HAMILTON JAMES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis etc (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Collins M. D.

(Coroner)

6/19/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenville S. C. Date of Burial 6/21 1928

20 UNDERTAKER Jos. T. H. Rochester 1913 Jefferson ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 35013

## CERTIFICATE OF DEATH.

E 35013
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Leviton

(a) RESIDENCE NO. 428 Ausquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Leviton

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min. |
|---|---|---|---|---|
| | 58 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Shia Leviton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Mary Leviton

(Address) 425 Ausquith St

Filed ... 19 ... C. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

6-18-28

17 I HEREBY CERTIFY, That I attended deceased from 6-17, 1928, to 6-18, 1928, that I last saw him alive on 6-18, 1928, and that death occurred, on the date stated above, at 11.20 p m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure
Pulmonary Edema

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6/17/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Harry Weintraub, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Cem Date of Burial 6/20 1928

20 UNDERTAKER Jack Levin ADDRESS 1439 E Baltimore St

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

51 02 NOV

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35014

## CERTIFICATE OF DEATH.

1855

E 35014

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 15-58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Stein

(a) RESIDENCE NO. 2434 Keyworth Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Stein

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 49 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Philip Seigler

(Address) 1509 Register St.

15 Filed JUN 21 1928, 19 C. HAMPTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry held inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zeller M. D.

(Coroner)

6/19 19 28 Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Sharon Woodlawn 6-20-19 28

20 UNDERTAKER ADDRESS

Jack Levin, 1739 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35015

## CERTIFICATE OF DEATH.

74 E 35015

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3328 Garrison Ave WARD) 5-61

2-FULL NAME William J Bordle Sr

(a) RESIDENCE No. 3328 Garrison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | M |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine F C.

6 DATE OF BIRTH (month, day, and year) Sept 26 63

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 9 8 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 15

(b) General nature of industry, business, or establishment in which employed (or employer) Stage work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER David Sbordle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Houston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Katherine Bordle

(Address) 3328 Garrison

15 Filed JUN 21 1928, 19 HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1928

17 I HEREBY CERTIFY, That I attended deceased from June 9th, 1928, to June 17th, 1928, that I last saw him alive on June 17th, 1928 and that death occurred, on the date stated above, at 6 50 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Hypostatic congestion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) V. W. Keown, M. D.

6/18/1928 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL June 20 1928

20 UNDERTAKER W M Routson

ADDRESS 2238 W North

Cor.—12-3-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35016

## CERTIFICATE OF DEATH.

185 E 35016

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Reilly

(a) RESIDENCE NO. 106 Dorchester ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 10/1873

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 54 | 7 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Shipping

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Robert M. Reilly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Virginia Meyers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant C. E. Reilly

(Address) 2035 W Fulton ave

15 Filed JUN 20 1928 19 HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extravasation of Urine, Perforation of Intestines, Accident, Hit with Auto

Malignancy (duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Renal Branches - Pneumonia (duration) yrs. mos. 2 ds.

(Signed) James M Fenton M. D. (Coroner)

6-19-1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 106 Dorchester Ave

Former or usual residence 106 Dorchester Ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethlehem

Date of Burial June 21 1928

20 UNDERTAKER H. M. Routson

ADDRESS 2238 W North

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 35017

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

2 E 35017

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No.) St Josephs Hospital ST., 27-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Reinhardt

(a) RESIDENCE NO. Hazelwood Ave. near Coldspring ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine Reinhardt

6 DATE OF BIRTH (month, day, and year) July 7th 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 11 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Co. Maryland

PARENTS

10 NAME OF FATHER Andrew Reinhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hessen Germany

12 MAIDEN NAME OF MOTHER Augusta Bollmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland

14 Informant Ernestine Reinhardt (Address) Hazelwood Ave. Parkburg

15 Filed June 21 19 28 Registrar H. LAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19 1928

17 I HEREBY CERTIFY, That I attended deceased from June 14 1928 to June 19 1928, that I last saw him alive on June 19 1928, and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Epidemic Meningitis

(Probably Pneumococcic)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of June 14-1928

Was there an autopsy? Yes. Pathologic

What test confirmed diagnosis? Autopsy

(Signed) Hlawrence Fahey, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Cemetery — DATE OF BURIAL June 22 1928

20 UNDERTAKER Frederick Lassahn Sons — ADDRESS Fremont

Spec.—1-12-23—M&T—500 Bks.

E 35018

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-801 E 35018

1-PLACE OF DEATH Aults

CITY OF BALTIMORE: (No. Hospital for Women of Md. Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Keller

(a) RESIDENCE No. Cambridge Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 4 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 18, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, H hrs. or 40 min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Meinhard Keller

11 BIRTHPLACE OF FATHER (city or town) Rochester (State or country) New York

12 MAIDEN NAME OF MOTHER Mahala Katherine Aults

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va

14 Informant George M Keller (Address) Cambridge Arms Apts

15 Filed JUN 28 1928 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1928

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to June 18, 1928, that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature 3 months

Nephritis Toxaemia 3 months

Delivery by Caesarean Section

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John M. C. Burgess, M. D.

, 19 (Address) 58 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rochester N. Y.

DATE OF BURIAL June 20 1928

20 UNDERTAKER Lamy & Jenkins Sons

ADDRESS 20 McCulloh & Orchard St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35019 — 90 — E 35019

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2246 Eutaw Place St. Ward) 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius P. Taylor

(a) RESIDENCE NO. 2246 Eutaw Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Taylor

6 DATE OF BIRTH (month, day, and year): Sept 3 1874

7 AGE — Years: 53 — Months: 9 — Days: 16 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New York N.Y.

PARENTS

10 NAME OF FATHER: John Taylor

11 BIRTHPLACE OF FATHER (City or town) (State or country): Berlin Germany

12 MAIDEN NAME OF MOTHER: Mora Simonds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Berlin Germany

14 Informant: Florence Taylor

(Address): 2246 Eutaw Place

15 Filed JUN 20 1928 19 C. HAMPTON JONES, M. D. Registrar

Per RLM

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from May 19 28, to June 19, 19 28, that I last saw him alive on June 19, 19 28, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis (streptococcus viridans)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical & lab

(Signed) Isidor L Levy, M. D.

June 1928 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetery — Date of Burial: June 21 1928

20 UNDERTAKER: J. Ahearn & Co — ADDRESS: 2432 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35020

## CERTIFICATE OF DEATH

E 35020

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Parkare ST. 11-24 WARD) REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Cole

(a) RESIDENCE NO. 1035 Parkare ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): Isaiah Cole

6 DATE OF BIRTH (month, day, and year): Sept 13, 1884

7 AGE: 43 Years 44 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Raleigh N. C.

PARENTS

10 NAME OF FATHER: Charles Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Raleigh N. C.

12 MAIDEN NAME OF MOTHER: Mary Stricklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Mary Thompson

(Address): 1035 Parkare.

15 Filed JUN 20 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to June 17, 1928,

that I last saw h[illegible] alive on June 17, 1928

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. Garland Edgerton M. D.

6/19/28 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: June 20 28

20 UNDERTAKER: Mrs R. C. Elliott — ADDRESS: 1725 Pasklund

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35021

## CERTIFICATE OF DEATH

101-061

E 35021

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1235 N. Fulton Ave ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Erwin Stone

(a) RESIDENCE NO. 1235 N. Fulton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 21. 1923

7 AGE — Years: 4 — Months: 6 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Joseph P. Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Alice Graves

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant: Joseph P. Stone
(Address): 1235 N. Fulton Ave

15 Filed JUN 29 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-25, 1928 to June 19 1928

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Emergency (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Encephalitis (duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Jerdiska M. D.

6/19/28 (Address) 600 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millstone St Marys Co Md

DATE OF BURIAL: 6/20 1928

20 UNDERTAKER: William Cook

ADDRESS: 502 E North

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35022 ✓ × 90 E 35022

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 439 Orchard St. 11-24 Ward)

2-FULL NAME Elizabeth Deans

(a) RESIDENCE NO. 439 Orchard St. Ward Patapsco Park Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Jr. Deans

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE — Years: 63 — Months: ✓ — Days: — — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): 837

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): md

14 Informant: Elizabeth Deans

(Address): 1614 Druid Hill Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

By ..... RFH

N 26 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19 1928

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to June 18, 1928, that I last saw h/ alive on June 18, 1928, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute Alveolar Pulmonary Tuberculosis (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fuller, M. D.

6-20 1928 (Address) 1612 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 6/21/1928

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35023

## CERTIFICATE OF DEATH

× 48

E 35023

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Schuman

(a) RESIDENCE NO. Deep Creek Deep Creek Patrick ave. Stemmers Run Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta (Tomellen)

6 DATE OF BIRTH (month, day, and year) June 3 1876

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 52 | 0 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer) State Roads Comm.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto.

PARENTS

10 NAME OF FATHER John B.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Augusta Schuman

(Address) Deep Creek Md.

15 Filed JUN 20 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/28 19

17 I HEREBY CERTIFY, That I attended deceased from 5/14/28, 19.., to 6/19/28, 19.., that I last saw h.. alive on 6/19/28, 19.., and that death occurred, on the date stated above, at 4 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. C. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Schwartz Cem. | 6/21 1928 |
| 20 UNDERTAKER John G. Connelly | ADDRESS Essex |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35024

## CERTIFICATE OF DEATH.

E 35024

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. University Hospital St. 22-30 Ward)

2-FULL NAME Fannie DeSabatino

(a) RESIDENCE NO. 305 S. Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oreste DeSabatino

6 DATE OF BIRTH (month, day, and year) 9 - 1 - 1884.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 43 | 9 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Oreste Sabatino

(Address) 305 S. Hanover St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

JUN 20 1928

Fee

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zeller M. D.
(Coroner)

6/20 19 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial 6/21/28

20 UNDERTAKER George J. Puth ADDRESS 1735 Harford

See Attached Affidavit Date JUL 20 1928

# HEALTH DEPARTMENT--CITY OF BALTIMORE

E 35025

## CERTIFICATE OF DEATH

90 E 35025

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 618 E Crawford 1946 ST.; WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mallie Cahill

(Residence in Baltimore: No. 618 E. Crawford St St.; yrs. mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWER~~, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct 15 1866 1870 (Month) (Day) (Year)

7 AGE: 58 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wallace H. Batchelor

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Beatty

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Michael J. Cahill

(Address) 618 Crawford St

15.

Filed ..., 191 ...

C. HAMPSON JONES, M. D. REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 20th, 1928 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to June 19, 1928, that I saw her alive on June 19, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart
Aortic insufficiency

(Duration) yrs. mos. ds

Contributory (SECONDARY) —

(Duration) yrs. mos. ds.

(Signed) H. E. Prentiss M. D.

June 20, 1928 (Address) 658 Fawcett Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: June 22, 1928

20 UNDERTAKER: Geo. A. Rudt

ADDRESS: 1735 Harford Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—1-12-23—M&T—500 Blks.

E 35026

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

91 E 35026

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hotel Rennert ST., 4-25 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Mahon

(a) RESIDENCE NO. Hotel Rennert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Burns

6 DATE OF BIRTH (month, day, and year) Aug. 2 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 76 | 8 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Mahon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Larkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Annie B. Mahon

(Address) Hotel Rennert

15 Filed JUN 20 1928, 19 HAMPSON-JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1926, 19 to June 19, 1928

that I last saw h[illegible] alive on June 19, 1928

and that death occurred, on the date stated above, at 8:50 P.M.

The CAUSE OF DEATH* was as follows:

General debility resulting from age & prolonged illness

(duration) about 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Glaucoma

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. K. Gorsuch, M. D.

6-20, 1928 (Address) 117 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 6/22 1928

20 UNDERTAKER H. W. Myers & Son

ADDRESS 605 N. Calvert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35027.

## CERTIFICATE OF DEATH.

E 35027.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Poppleton ST. 18-N WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Robt Robinson

(a) RESIDENCE NO. 309 Poppleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Robinson

6 DATE OF BIRTH (month, day, and year) Mar 1868

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|
| 60 | 3 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) King & Queen Co
(State or country) Va.

PARENTS

10 NAME OF FATHER Wm Robinson

11 BIRTHPLACE OF FATHER (city or town) Essex Co. Va
(State or country)

12 MAIDEN NAME OF MOTHER Agnes Brown

13 BIRTHPLACE OF MOTHER (city or town) King Queen Co. Va.
(State or country)

14 Informant Annie Saunders

(Address) 922 N. Gilmor

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES M.D.

N 20 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18 19 28

17 I HEREBY CERTIFY, That I attended deceased from 6/17 19 28 to 6/18 19 28

that I last saw him alive on 6/18 19 28

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) R. H. Walters, M. D.

19 (Address) 1211 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 6/21 1928

20 UNDERTAKER Samuel Carter & Co

ADDRESS 911 Park

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35028

## CERTIFICATE OF DEATH.

90 E 35028

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 610 Cumberland St., 15-21 Ward)

2-FULL NAME Sarah Hawkins

(a) RESIDENCE NO. 610 Cumberland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Peter Hawkins

6 DATE OF BIRTH (month, day and year): 1867

7 AGE: 61 Years 6 Months Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Rachel Fuller

(Address) 610 Cumberland St.

15 Filed ....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 19 1928 192

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Lusk M. D.

(Coroner)

June 19 1928 (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 6-21 1928

20 UNDERTAKER: Dennis Fenton ADDRESS 716 Pine

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35029

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35029

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 So. Milton Ave. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward . Dziwanowski

(a) RESIDENCE NO. 703 So Milton Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 27 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 1 | 6 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Anthony . Dziwanowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances . Borowiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Anthony . Dziwanowski

(Address) 703 So. Milton Avenue

15 Filed 6-20 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-16- 1928 to 6-19- 1928, that I last saw him alive on 6-19- 1928 and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia, following measles.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) I. B. Bronusias, M. D.

6-20-28 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: June 24 1928

20 UNDERTAKER John M Weber ADDRESS 401 S Chester St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35030

## CERTIFICATE OF DEATH.

E 35030

1-PLACE OF DEATH Franklin Square Hosp. REGISTERED NO. 26

CITY OF BALTIMORE: (No. 100 N. Calhoun ST., WARD) (If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Arthur Beuchelt.

(a) RESIDENCE NO. 2078 Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Dunn

6 DATE OF BIRTH (month, day, and year) Dec. 11-1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 6 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany (State or country)

PARENTS

10 NAME OF FATHER Wm Beuchelt

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Helen Beuchelt (Address) 2078 S. Pulaski St.

15 Filed JUN 20 1928 19 C. LEAMPSON JONES, M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-18 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-4, 1928, to 6-18, 1928, that I last saw him alive on 6-18, 1928, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-8-28

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) Louis M. Hollis, M. D.

, 19 (Address) Franklin Square Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Jun. 21 1928

20 UNDERTAKER George L. Schwab ADDRESS 1101 Fulton Ave.

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 35031

E 35031

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1207 S. Ellwood ave, Balto, md REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Limberg Sorochaek

(a) RESIDENCE No. 1207 S. Ellwood ave WARD Balto, md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | baby |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: baby

6 DATE OF BIRTH (month, day, and year) August 16 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 10 months | 10 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: baby

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, md

PARENTS

10 NAME OF FATHER Wasyl Sorochaek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Stella Kopilak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Anna Sorochak
(Address) 1207 S. Ellwood ave Balto

15 Filed JUN 21 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/18, 1928, to 6/19, 1928,

that I last saw him alive on 6/19, 1928

and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Joseph Rosenblatt, M. D.

6/19, 19 (Address) 3018 O'Donnell st, Balto, md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL 6/21 1928

20 UNDERTAKER Fiaskowski — ADDRESS 1618 Eastern

Spec.—1-12-23—M&T—500 Bks.

E 35032

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35032

REGISTERED NO.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 1-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rose Malenowski

(a) RESIDENCE NO. 806 S Belmont Ave ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Malenowski

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 54 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Vincent Malenowski

(Address) 806 S. Belmont Ave

15 Filed ..... 19 ..... H. HANSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-18 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-22, 1928, to 6-18, 1928, that I last saw h[illegible] alive on 6-18, 1928, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease (Arteriosclerotic)

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis (Acute)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed Augustine J. Von Schulz M.D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL June 21 1928

20 UNDERTAKER Leyden & Tallbert

ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35033

## CERTIFICATE OF DEATH.

90 E 35033

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4920 Harford Rd ST. 77 WARD)

2-FULL NAME Marietta Bland Ross

(a) RESIDENCE NO. 4920 Harford Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Ross.

6 DATE OF BIRTH (month, day, and year) Aug 23-1846.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 81 | 80 | 10 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centreville Md.

PARENTS

10 NAME OF FATHER Joshua Bland.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hester A. Chance.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Henry Harris.

(Address) 4422 Hedgina Rd.

Filed JUN 21 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1927, to June 18, 1928.

that I last saw her alive on June 15, 1928

and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Cerebral arterio-sclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

General arterio sclerosis

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Symington, M. D.

6/18, 1928 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U States National

DATE OF BURIAL 6/21 1928

20 UNDERTAKER William Cook

ADDRESS 502 E Ward

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35034

## CERTIFICATE OF DEATH.

10-14 1129 E 35034

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Sterling ST., 10-14 WARD)

2-FULL NAME Eugene Baylor

(a) RESIDENCE NO. 715 Sterling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. PHYSICIANS should state

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) V. a

PARENTS

10 NAME OF FATHER Tom Baylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) V. a

12 MAIDEN NAME OF MOTHER Amanda Talley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V. a

14 Informant Alnera Baylor (Address) 715 Sterling st

15 Filed ....., 19 JUN 21 1928 HAROLD JONES, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 - 1928. to June 18. 1928. that I last saw him alive on June 17. 1928. and that death occurred, on the date stated above, at 4.10 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Asthma + Nephritis

(duration) yrs. 1 mos. 17 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Posture

(Signed) Dr. W Bayard M. D.

6-18. 1928 (Address) 708 Eutaw st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL June 21 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35035

## CERTIFICATE OF DEATH.

109-002

E 35035

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Timmerman

(a) RESIDENCE NO. 1045 Harford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 11/1911

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 16 | 10 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John B. Timmerman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary E. Loane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Mother

(Address)

15 Filed JUN 21 1928 HAMILTON JONES, M. D. Registrar

Ralph

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Jun 19/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis- retro-pharyngeal abcess

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. N. Price M. D.

(Coroner)

6/20/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial June 22 1928

20 UNDERTAKER Henry Hoech & Son ADDRESS 1301 E Eager St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35036

## CERTIFICATE OF DEATH.

12 9 E 35036

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 London Ave ST. 20-10 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mendel Saglavsky

(a) RESIDENCE NO. 2906 London Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam Saglavsky

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired vault

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abr Saglavsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unna —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant B. Saglavsky

(Address) 2906 London Ave

15 Filed [illegible], 19 21 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 4th, 19 25, to June 20, 19 28, that I last saw h[illegible] alive on June 20th 19 28 and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis, chronic interstitial nephritis, hypertension chronic myocarditis

(duration) 3 yrs. ? mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical. Lab.

(Signed) H. G. Nicholson, M. D.

June 29 19 28 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL June 19 28

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Rosie Shapiro

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

B-35037

90 B 35037

1-56

1-RACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4827 Park Heights Ave ST. WARD)

2-FULL NAME Rosie Shapiro

(a) RESIDENCE NO. 4827 Park Heights Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., If of foreign birth? 32 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Indow |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Solomon B Shapiro

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Beerinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Kathryn Aristimuno

(Address) 4827 Park Ave

15 Filed ....., 19.... C. HAMILTON JONES, M. D. Registrar

JUN 21 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1928, to June 20, 1928, that I last saw her alive on June 19, 1928 and that death occurred, on the date stated above, at 10-30 a m.

The CAUSE OF DEATH* was as follows:

Chron Myocarditis

(duration) 2 yrs. 2 mos 5 ds.

CONTRIBUTORY (Secondary) Senile debility

(duration) 1 year yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M J Baylin, M. D.

6/20/28 (Address) 2040 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cem

DATE OF BURIAL 6/21 19 28

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35038

## CERTIFICATE OF DEATH

60-001 E 35038

1—PLACE OF DEATH

REGISTERED NO. 96-11

CITY OF BALTIMORE: (No. 106 N. Highland ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A. Peacock

(a) RESIDENCE NO. 106 N. Highland ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 10-1862.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 1 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Peacock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Frances Adelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine Bayer

(Address) 106 N. Highland ave.

15 Filed JUN 21 1928 HAMPSON JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19-1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 1928 to June 19-1928

that I last saw h[illegible] alive on June 19-1928

and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. D. Brumann M. D.

June 19 1928 (Address) 2913 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL June 22 1928

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35039 **CERTIFICATE OF DEATH.** 31 E 35039

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2021 Clifton Ave St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hermann J. Trautvein

(a) RESIDENCE NO. 2021 Clifton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 2 mos. 29 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21st 1900

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 28 | 2 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Con. Ing. Electric Co

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John Trautvein

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Caroline Altdorfer

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant John Trautvein

(Address) 2021 Clifton Ave

15 Filed ..... 192..

Registrar

JUN 21 1928 HAROLD J. JONES, M. D.

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) one yrs. — mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Luke M. D.

(Coroner) June 20/1928 (Address) North Ave & Pinnie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial June 23 1928

20 UNDERTAKER Wm. Fiedler Sons ADDRESS North & Pa

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35040

## CERTIFICATE OF DEATH.

90 E 35040

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 16-67 WARD)

2-FULL NAME Mrs Mary E. Keen

(a) RESIDENCE NO. 702 Edgewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Keen

6 DATE OF BIRTH (month, day, and year) May 29-1872

7 AGE: Years 56; Months 3; Days 22; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cash Girl

(b) General nature of Industry, business, or establishment in which employed (or employer): Drugs

(c) Name of employer: Sharp & Dohme

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: David Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz. Ogden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Helen Nutter

(Address) 702 Edgewood St

15 Filed ....., 19 .....

Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-31, 1928, to 6-20, 1928,

that I last saw h alive on 6-20, 1928

and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH was as follows:

Goitre Stenosis - Multiple fibroids of uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diuresis Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/20/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operative

Signed Augustine J. VonSchrilz M.D.

(Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: June 23, 1928

UNDERTAKER: H. Tuckwell Sons

ADDRESS: N. & Pa

JUN 21 1928 C. HAMPSON, M.

Spec.–7-17-26—A Co.—200 Bks.

E 35041

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

8 E 35041

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1527 E North Ave 8th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Kronmiller

(a) RESIDENCE NO. 1527 E North Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Strayer Kronmiller

6 DATE OF BIRTH (month, day, and year): Dec 6 1857

7 AGE: Years 70 Months 6 Days 13

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Leo Kronmiller

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Martha Kronmiller (Address) 1527 E North ave

15 Filed JUN 21 1928 Registrar

16 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to June 19 1928

that I last saw h[illegible] alive on June 18 1928

and that death occurred, on the date stated above, at 3:50 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J. E. Bumbacht M. D.

June 19 1928 (Address) 1531 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem and

Date of Burial: June 21 1928

20 UNDERTAKER: John O Mitchell Sons

ADDRESS: 1910 Eutaw Place

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

IMPORTANT—THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK

Spec.—6-9-19—H. P. Co.—1000 Bks.

Saml Dashields

E 35042

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E-35042

## CERTIFICATE OF DEATH.

74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Hoffman St. 11-24 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Saml. Dashields

(a) RESIDENCE. No. 408 N. Hoffman St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Dashields

6 DATE OF BIRTH (month, day, and year) Feb 14 - 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 4 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment (Address) Sally Dashields 408 N. Hoffman St.

15 Filed ..... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 2 19 28, to June 17, 19 28, that I last saw h... alive on June 16, 19 28, and that death occurred, on the date stated above, at 7.35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage with R. hemiplegia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Probably chronic nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Chas. J. Keller, M. D.

6/19, 19 (Address) 408 N. Hoffman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn Cem. | 6/22/28 |
| UNDERTAKER Samuel Stanley McCabe | ADDRESS 578 |

Nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35043

E 35043

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____

City of BALTIMORE: (No. University Hospital St. 1724 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Scott

(a) RESIDENCE NO. 628 W. Lanvale St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1838

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 90 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Glen Dean Ky.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Irene Duncan
(Address) 628 W Lanvale St

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 -1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of left femur.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Surgical Shock.

(duration) ....yrs. ....mos. ....ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

6/18 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial 6/21 1928

20 UNDERTAKER Samuel Hensley & Bro. ADDRESS 578

HAMPSON JONES, M. D.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35044

## CERTIFICATE OF DEATH

168 E 35044

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Woods. Virginia Av near Pimlico Rd. St., 6-67 Ward)

2-FULL NAME Charles L. Landers

(a) RESIDENCE NO. 2902 Oakley Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Carrie E. Warner

6 DATE OF BIRTH (month, day, and year) Sept 17-1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 47 | 9 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retail Butter Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER John H. Landers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Mary J. Hunkel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carroll Co Md

14 Informant Carrie E. Landers

(Address) 2902 Oakley Ave.

15 Filed JUN 21 1926 19 HAMPSON JONES M. D. Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Hanging

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) yrs. mos. ds.

Signed June 20/28 J. C. Gaddes M. D.

(Coroner)

, 19 (Address) 436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial June 22 1928

20 UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. Northern

Cor. should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 35045

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] ST., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Washington

(a) RESIDENCE NO. 1220 Wheatsheaf ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of Industry, business, or establishment in which employed (or employer) Ocean

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Molly Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted] Received

15 Filed JUN 21 1928, 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18/1928

17

I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to June 18, 1928, that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at 4 00 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

Myocarditis - chronic & acute

Syphilis (O. W.).

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Sub.

(Signed) C. Hampson Jones, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL June 21 19 28

20 UNDERTAKER Thomas E. Kelsay

ADDRESS 1303 Pierpont St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35046

# HEALTH DEPARTMENT—CITY OF BALTIMORE

91-00 E 35046

## CERTIFICATE OF DEATH.

13-59

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No.) 726 (St.) Reservoir (Ward) _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Bell Bond

(a) RESIDENCE NO. 726 (St.) Reservoir (Ward) _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. E. Bond

6 DATE OF BIRTH (month, day, and year): June 10th 1859

7 AGE — Years: 69 — Months: — — Days: 9 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Goldsboro

(State or country) N. C.

PARENTS

10 NAME OF FATHER: Ben. F. Arrington

11 BIRTHPLACE OF FATHER, (city or town) Boonsville

(State or country) Tenn.

12 MAIDEN NAME OF MOTHER: Barbara Everitt

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Everettsville N. C.

14 Informant: Mary V. Crawford

(Address) Goldsboro N. C.

15 Filed....., 19..... C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterine Sclerosis

(Duration) 5 yrs. 1 mos. ds.

CONTRIBUTORY

(Duration) yrs. mos. ds.

June 19/28 (Signed) J. E. Yates M. D.

(Coroner)

, 19 (Address) 143 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Date of Burial June 21st 1928

20 UNDERTAKER: Henry W. Perkins Sons & Co. ADDRESS: McCulloh & Eutaw

Not to be used for any purpose. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35047 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35047

## CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balty City Hospital ST. 21-29 WARD)

2-FULL NAME Winifred Welch

(a) RESIDENCE No. 336 S Poppleton ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1858.

7 AGE: Years 70 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Record. City Hospital
(Address)

15 Filed JUN 21 1928 19 C. LINCOLN JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-1928

17

I HEREBY CERTIFY, That I attended deceased from 12-26- 1927 to 6-20- 1928

that I last saw h[illegible] alive on 6-20 1928

and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis, paralysis
Extremities. Varicose ulcers
of legs -

(duration) 7 yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? Y

What test confirmed diagnosis?

(Signed) Blaycock M. D.

, 19 (Address) Balty City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemt. DATE OF BURIAL: June 27, 28

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS: 403 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35048

## CERTIFICATE OF DEATH.

177 E 35048

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 919 Morris St., 11-24 Ward)

2-FULL NAME Virginia M Marshall

(a) RESIDENCE NO. 919 Morris St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child.

6 DATE OF BIRTH (month, day, and year): June 21 - 1927

7 AGE: Years 11 Months Days 30 IF LESS than 1 day.....hrs. or.....min. 24.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Staunton Va June 28th

(State or country)

PARENTS

10 NAME OF FATHER Ollie Neal

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country) "

12 MAIDEN NAME OF MOTHER Annie Marshall

13 BIRTHPLACE OF MOTHER (city or town) Washington D.C.

(State or country)

14 Informant Annie Marshall

(Address) 919 Morris St.

15 Filed ..... 19..... Registrar

JUN 27 1928 C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26th 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poison

(duration) ..... yrs. ..... mos. 4 ds.

Eating Red Wax Candle

(Secondary)

(duration) ..... yrs. ..... mos. 4 ds.

(Signed) F. C. Link M. D.

Coroner

, 19 (Address) 908 Mrs & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Cemetery Date of Burial Jun 27 28

20 UNDERTAKER Adolphus Hall ADDRESS 904 Division St

NOTICE—Undertakers are required to report to the Registrar of Vital Statistics, within 24 hours after burial or removal, the name of the deceased, the place of death, and the place of burial or removal. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35049

## CERTIFICATE OF DEATH.

E 35049

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., 15-12 WARD)

2-FULL NAME John R. Renehan

(a) RESIDENCE NO. Elliott City, Md ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Deceased, Unmarried

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 18 Months | 1 | 6 | — | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Elmer Renehan
11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)
12 MAIDEN NAME OF MOTHER Lula Day
13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Elmer Renehan
(Address) Elliott City

15 Filed ....., 19 .....
C. HAMPTON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21- 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-18, 1928, to 6-21, 1928, that I last saw ~~him~~ her alive on 6-21, 1928, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:
Convulsive Seizures 48 hours following operation
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Encephalitis, left Cerebral hemisphere
(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Elliott City Md

Did an operation precede death? Yes. Date of 6/19/28

Was there an autopsy? Partial autopsy

What test confirmed diagnosis? Complement Fever

(Signed) Charles Bagley, Jr. M. D.

, 19 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Josiah's Lot Elliott City Cem.

DATE OF BURIAL Jun. 23 19 28

20 UNDERTAKER Easton Sons

ADDRESS Elliott City

CAUSE OF DEATH. IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35050

## CERTIFICATE OF DEATH.

101-001

E 35050

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 830 S. Bond St. (Ward) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Audrychowska

(a) RESIDENCE NO. 830 S. Bond St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5 - 27

7 AGE: Years 0 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Antoni Audrychowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Majka

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Poland

14 Informant Mrs. Majka (Address) 830 S Bond St

15 Filed JUN 21 1928 Registrar

C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18 1928 to June 20 1928

that I last saw h[illegible] alive on June 20 1928

and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Stasis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Kyle Amos M. D.

(Address) 801 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary | DATE OF BURIAL: June 21 1928

20 UNDERTAKER J. J. Zagurski | ADDRESS 1780 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35051

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35051

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 808 N. Carrollton Ave. ST., 23 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bell Thompson

(a) RESIDENCE NO. 808 N. Carrollton Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rudolph Thompson

6 DATE OF BIRTH (month, day, and year): Dec 25 1874

7 AGE: Years 53 Months 7 Days 26 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Gilbert Vokes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sarah Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Wm. Bradshaw

(Address): 2027 Madison Ave

15 Filed JUN 21 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20th 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to June 20, 1928.

that I last saw her alive on June 20, 1928,

and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency (Mitral Regurgitation)

(duration) yrs. 6 mos. 11 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. N. Lauenbach M. D.

(Address) 2215 N. Charles Ave. 6-20, 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters

DATE OF BURIAL: June 23 1928

20 UNDERTAKER: Thomas J. Smith

ADDRESS: 2604 Kerby

Spec.—2-29-28—L. F. S.—500 Blks.

E 35052

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35052

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 22-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Morris Grolnick

(a) RESIDENCE NO. 23 Montgomery St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, ~~Married, Widowed, or Divorced, (write the word)~~ |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/4/07

| 7 AGE 20 · Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 21 | 7 | 17 · | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel Grolnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Belle Grolnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21-1928

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to June 21, 1928, that I last saw h[illegible] alive on June 21, 1928 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Subacute urethritis, gonorrheal

Pyelitis, pyelonephritis

(duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Uremia, bronchopneumonia

Sepsis, hydrothorax (duration) ....yrs. 1 mos. ....ds.

18 Where was disease contracted If not at place of death? In Balto

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray, Laboratory &c.

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL 6/21 1928

20 UNDERTAKER Jack Levin

ADDRESS 1239 E Baltimore St.

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35053

## CERTIFICATE OF DEATH.

161-001 E 35053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 W. Cullop St. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gilliams

(a) RESIDENCE NO. ..... ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12, 1928

7 AGE — Years: — Months: — Days: 1 1/2 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Cannon Gilliams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude Cooke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant O'Sullivan (Address) Johns Hopkins Hospital

15 Filed JUN 20 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-12, 19 28 to 6-13, 19 28

that I last saw her alive on 6-13, 19 28

and that death occurred, on the date stated above, at 9.00 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. 1 1/2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) O'Sullivan, M. D.

(Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL ..... 19

20 UNDERTAKER .....

ADDRESS .....

JUN 20 1928

CHECK OR DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35054

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35054

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST.) WARD)

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Eckenreyer

(a) RESIDENCE NO. 103 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-15-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|
| | | | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Herman Eckenreyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mgt. Smythe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mrs Mgt. Eckenreyer (Address) 103 N Fremont Ave

15 Filed 1928, 19 — Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-15, 1928, to 6-20, 1928

that I last saw her alive on 6-20, 1928

and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth
(6½ Mo)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signature Augustine S. Van Schaick, M.D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

1926 HAMPSON JONES, M.D.

JUN 1928

CAUTION is very important. See instructions on back of certificates. Exact statement of occupation, etc., should be given in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

E 35055

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35055

## CERTIFICATE OF DEATH.

1002

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 1-24 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Ferguson

(a) RESIDENCE NO. 804 Woodward St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 20, 1925

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 2 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Harry J. Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mae Bevan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Mrs. Harry Ferguson

(Address) 804 Woodward St

15 Filed JUN 21 1928, 19 C. HAMPSON JONES, M. D. Registrar BCH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1928, to June 20, 1928, that I last saw her alive on June 20, 1928, and that death occurred, on the date stated above, at 6^10 p. m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Pharyngeal Diphtheria

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Pos. Cult.

(Signed) Myron S. Love, M. D.

6/24, 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL June 22 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE statement of TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35056

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35056

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 E. Randall ST. 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda L. Russell.

(a) RESIDENCE NO. 603 E. Randall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore F. B. Russell

6 DATE OF BIRTH (month, day, and year): Aug 1 1858

7 AGE — Years: 69. Months: 10. Days: 19. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Avalon Md.

PARENTS

10 NAME OF FATHER: Thomas C. Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Mary E. Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. George A. Buxton (Address) 603 E. Randall St.

15 Filed June 23 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1928

17 I HEREBY CERTIFY, That I attended deceased from 3.12.28, 19, to 6.20.28, 19 28, that I last saw her alive on 6.20.28, 19, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Carcinoma both breasts.

(duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) C. Lilia B. Fowler M. D.

6.21.28, 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cem.

DATE OF BURIAL: June 23 1928

20 UNDERTAKER: J. Walter Davis

ADDRESS: 3[illegible] Penna Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35057

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 12-49 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen H. Johnston

(a) RESIDENCE NO. 225 Chauncey Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F Child | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/27/15

| 7 AGE | Years | Months 8 | Days 24 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 12 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Herbert Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Evangeline Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed JUN 21 1928, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21-1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to June 21, 1928, that I last saw her alive on June 21, 1928, and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

acute poliomyelitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) respiratory paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Guilford, Md

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) James Bradley Jr. M. D.

6-21, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beaumont Cemetery — DATE OF BURIAL June 22, 1928

20 UNDERTAKER Henry Hendeis & Son — ADDRESS Edmondson Ave

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Campbell

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35058

## CERTIFICATE OF DEATH

E 35058

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 815 Cedarcroft ~~Street~~ Road WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert F Korhnlein

(a) RESIDENCE NO. 815 Cedarcroft Road WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

3-A If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Catherine E=

6 DATE OF BIRTH (month, day, and year) March 4-184

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 44 | 3 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plaster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ? Crismer

9 BIRTHPLACE (city or town) (State or country) Minn

PARENTS

10 NAME OF FATHER Henry Korhnlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Minn

14 Informant Catherine E Korhnlein
(Address) 815 Cedarcroft Road

15 Filed JUN 21 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20-1928

17 I HEREBY CERTIFY, that I attended deceased from July 1, 1927, to June 28, 1928, that I last saw h~~e alive~~ on June 19, 1928, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Indefinite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct 1927

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. F. Campbell M. D.

June 21, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 6/23 1928

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35059

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35059

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Eutaw Pl ST. 21-42 WARD)

2-FULL NAME Lucy Wolfring

(a) RESIDENCE No. 3208 Eutaw Pl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Wolfring

6 DATE OF BIRTH (month, day, and year): Nov. 1. 1860

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 7 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Konradgel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George Wolfring (Address): 3208 Eutaw Pl

15 Filed , 19 Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21. 1928

17 I HEREBY CERTIFY, That I attended deceased from , 1923, to June 21, 1928.

that I last saw h alive on May 3, 1928,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fritz J Kinzer, M. D.

6/21, 1928 (Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: June 23. 1928

20 UNDERTAKER: Mrs. Mrs. Emma K. Tessel & Son — ADDRESS: 821 E. Fayette

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Notch
Smallwood-Williams

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35060

90 E 35060

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Frederick Ave ST., 20 WARD) 69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David R. Lilly

(a) RESIDENCE NO. 2637 Frederick Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie E. Lilly

6 DATE OF BIRTH (month, day, and year) May 6-1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 53 | 1 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of Industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER David Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Mary A. Gaither

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Annie E Lilly

(Address) 2637 Frederick Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20-1928

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to June 20, 1928, that I last saw h[im] alive on June 20, 1928 and that death occurred, on the date stated above, at 7 10 a m.

The CAUSE OF DEATH* was as follows:

Bilateral Hemiplegia, due to Thrombosis, Endocarditis Arteriosclerosis.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E Miller, M. D.

6/27/28 (Address) 2057 N Milton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Cemetery Harford Co

DATE OF BURIAL 6/22 1928

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Dr Nalen 888 N Fonteland H.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35061

## CERTIFICATE OF DEATH

129 E 35061

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 41 S Pollock ST., (WARD) 18-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George A Love

(a) RESIDENCE NO. 41 S Pollock ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances A Love

6 DATE OF BIRTH (month, day, and year) June 8 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 12 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Becker Bros

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER Theodore Love

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Malinda Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant Frances A Love

(Address) 41 S Pollock St

15 Filed JUN 22 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21/28

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928 to June 21, 1928, that I last saw h in alive on June 21, 1928 and that death occurred, on the date stated above, at 1 25a m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis 4 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Blood Urine Analysis Etc.

(Signed) Chas Norris, M. D.

6/21, 19 28 (Address) 888 N Fonteland St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | June 23 1928 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| William Cook | 562 E Natta |

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35062

## CERTIFICATE OF DEATH.

181-002

E 35062

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital) - 20 (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Warrington or Washington

(a) RESIDENCE NO. 2033 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: ~~Colored~~

5 Single, Married, Widowed, or Divorced, (write the word): Col. Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Scott Warrington

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 30 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): N. C.

(State or country)

PARENTS

10 NAME OF FATHER: Lovey Cox

11 BIRTHPLACE OF FATHER (city or town): N. C.

(State or country)

12 MAIDEN NAME OF MOTHER: ——

13 BIRTHPLACE OF MOTHER (city or town): N. C.

(State or country)

14 Informant (Address): Undertaker 6 Eas[illegible] 20[illegible] St

15 Filed ..... 19..... Registrar

JUN 22 1928 G. HAMPTON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6.20.28. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ether Narcosis following Abdominal Operation

Age [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

June 22 1928 Signed W. T. Ellis, M. D. (Coroner)

(Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State about 2 or 3 days yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 6/26/1928

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 601 Druid Hill

If death occurred in a hospital or institution, give its NAME instead of street and number. Fill all blanks with the word or words making answer, or the word NONE where that is the answer. Do not leave any blank unfilled. Write plainly with pen and ink and use only standard abbreviations. Cause of death must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 35063

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

REGISTERED NO. E 35063

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3346 Belvidere Av. ST.: 27/76 WARD) 55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie A. Haines

(a) RESIDENCE. No. 3346 Belvidere Av. ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of James D. Haines

6 DATE OF BIRTH (month, day, and year) Aug 2 - 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 10 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Edgar Starr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) Mrs. H. Damkar 3346 Belvidere Av

15 Filed NOV 22 1928 C. HARRISON JONES, M. D. Registrar

Per Kelly.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1928

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1927, to June 21, 1928, that I last saw her alive on June 21, 1928, and that death occurred, on the date stated above, at 3.35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Cancer

(duration) 1 yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Buberl, M. D.

, 19 (Address) 475 E. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Grace Presbyterian Church Cem. | June 25 1928 |

20 UNDERTAKER N. S. Marshall ADDRESS 3539 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35064 — 101-001 E 35064

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 708 N. Stockton St. Ward 16-23)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Regusters

(a) RESIDENCE NO. 708 N. Stockton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Col | Single. |

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of (Child)

6 DATE OF BIRTH (month, day, and year) March 31-1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 2 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Jas Regusters

11 BIRTHPLACE OF FATHER (city or town) N. Ca.

(State or country)

12 MAIDEN NAME OF MOTHER Laura Veney

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Jas Regusters

(Address) 708 N Stockton

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

Per .....

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Signed ..... (Coroner) M. D.

19 ..... (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial June 23 28

20 UNDERTAKER Jam W. Chase Son ADDRESS 140 Mosher

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 2 1928

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35065

## CERTIFICATE OF DEATH

162 E 35065

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 801 Mangold ST., 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John M Hampe

(a) RESIDENCE NO. 801 Mangold ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John M. Hampe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Nardini

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John M Hampe

(Address) 801 Mangold St

15 Filed 2 27 1928 RAWSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June - 21/28

17 I HEREBY CERTIFY, That I attended deceased from 6/24, 1928, to 6/21/28, 19..., that I last saw h— alive on 6/21/28, 19..., and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Cong. Atelec.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Fay, M. D.

6/1/1928 (Address) 1 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemtry

DATE OF BURIAL 6/22 1928

20 UNDERTAKER William Cook

ADDRESS 501 E North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

215171 E 35066

## CERTIFICATE OF DEATH

86-002 E 35066

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 2-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Doris J. Friedlander

(a) RESIDENCE NO. 1027 E Baltimore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 9 mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/9/22

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 5 | 9 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Aaron Friedlander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Miriam Gerlle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 22 1928 19 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21-1928

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1928, to June 21, 1928

that I last saw her alive on June 21, 1928

and that death occurred, on the date stated above, at 10 45 p. m.

The CAUSE OF DEATH* was as follows:

Meningitis Staph hemolyticus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Mastoiditis

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? Yes Date of June 15

Was there an autopsy? No.

What test confirmed diagnosis? Spinal fluid culture

(Signed) Lyman Wells, M. D.

June 22, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 6/22 19 28

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1027 E Balto St

Important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35067

## CERTIFICATE OF DEATH.

129 ✓ E 35067

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aaron Glick

(a) RESIDENCE NO. 1253 E. Lexington St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6 DATE OF BIRTH (month, day, and year) 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 51 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Glick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Reba

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Sarah Glick

(Address) 1253 E. Lexington st

15 Filed ..... 19 ..... Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/18/ 1928, to 6/21/ 1928,

that I last saw h.... alive on 6/21/ 1928,

and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Cardio vascular - renal disease

Uremia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Ginsberg, M. D.

6/22 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial 6/22 1928

20 UNDERTAKER A. Levinson & Bro — ADDRESS 127 E Balto st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35068

## CERTIFICATE OF DEATH.

E 35068

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2433 (St.) Auburn's Way (Ward) 27-48

2-FULL NAME Effie Taylor

(a) RESIDENCE NO. 2433 (Usual place of abode) Auburn's Way Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write this word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Taylor

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 49; Months; Days; If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town):

(State or country): Lousberg Germ.

PARENTS

10 NAME OF FATHER: [illegible] Duncan

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germ.

12 MAIDEN NAME OF MOTHER: Malcoon

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): Md

14 Informant: Mrs Duncan

(Address): 628 W Lanvale St

15 Filed ..... 19 .....

Per ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ..... yrs. ..... mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. — ds.

June 21 1928 (Signed) G C Yates M. D.

(Coroner)

19 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lousberg Germ. Date of Burial: 6/23 1928

20 UNDERTAKER: Samuel Hensley ADDRESS: 1113 Pitt

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1928 HAMILTON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 35069

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 616 Gilbert St. 16-26 Ward)

2-FULL NAME Sarah E. Hall

(a) RESIDENCE NO. 616 Gilbert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ephraim Hall

6 DATE OF BIRTH (month, day, and year): Mar 1 1878

7 AGE: Years 50 Months 3 Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Richmond (State or country) Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Va (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Va (State or country)

14 Informant: Joseph Hall (Address) 925 Greenmillow-st

15 Filed ..... 19.. J. Emerson Jones, M. D. Registrar

Dar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) F. B. Luck M. D. (Coroner)

June 21 1928 (Address) North Ave & Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial 6/24 1928

20 UNDERTAKER: Samuel Hensley Jr. ADDRESS 1798

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 2 1928 C. HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

Hobritter

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35070

E 35070

## CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 19-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Hobritter

(a) RESIDENCE No. 1823 W Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 30th 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 8 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Hobritter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Horst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Brandel (Address) 1823 W. Pratt St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-10-, 1928 to 6-20-, 1928

that I last saw him alive on 6-20-, 1928

and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

months.

Unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible], M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL June 23rd 1928

20 UNDERTAKER H. D. Wilfert

ADDRESS 850 W Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35071

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

14-002 E 35071

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2967 Frederick Ave ST., 20 WARD) 70

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta A Rosenberger

(a) RESIDENCE NO. 2967 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 3 ds. How long in U. S., if foreign birth — yrs. — mos. — ds.

important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Rosenberger

6 DATE OF BIRTH (month, day, and year): Sept 17th 1857

| 7 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | 9 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Rudolph Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Landwehrl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Geo. Rosenberger

(Address) 2967 Frederick Ave

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20th 28

17

I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to June 20, 1928

that I last saw her alive on June 16, 1928

and that death occurred, on the date stated above, at 9.50 m.

The CAUSE OF DEATH* was as follows:

Cerebral embolus

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Generalized arterio-sclerosis (duration) ✓ yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? cl. & Phy Tests

(Signed) Fred T. Kyser M. D.

19 (Address) 3321 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Aecidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | June 23 19 28 |

20 UNDERTAKER: F. B. Wehrfurt ADDRESS: 850 W. Baltimore St

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35072 113 E 35072

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. I229 Hull Street ST., 24 WARD) 35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Henry Cegelski

(a) RESIDENCE NO. I229 Hull Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6 DATE OF BIRTH (month, day, and year) April 19/1927

| 7 AGE Years | Months | Days 2 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| I | 2 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter Cegelski

11 BIRTHPLACE OF FATHER (city or town) (State or country) New-Jersey

12 MAIDEN NAME OF MOTHER Elizabeth Bielska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Walter Cegelski (Address) 1229 Hull Street

15 Filed ..... 19 ..... , Registrar

S. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1928, to June 21, 1928, that I last saw h. alive on June 20, 1928 and that death occurred, on the date stated above, at 11.2° A. m.

The CAUSE OF DEATH* was as follows:

Acute Ulcerative Endocarditis

Sepsis - Maternal Origin

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos 1½ ds.

18 Where was disease contracted if not at place of death? ----- Did an operation precede death? ----- Date of June 10. 28

Was there an autopsy? -

What test confirmed diagnosis?

(Signed) E. S. Mayer, M. D.

6. 22. 1928 (Address) 176 Caltonsville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary Cemetery | June 23 19 28 |

20 UNDERTAKER Geo. A. Wieder ADDRESS 2205 Bank

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35073 E 35073

## CERTIFICATE OF DEATH.

1725

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (T.B.) WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert H. Lynn

(a) RESIDENCE No. 651 George st. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Separated |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 050

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Remus Lynn

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Harriett Frazier

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed , 19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I attended deceased from June 2 , 1928 , to June 20 , 1928 , that I last saw him alive on June 20 , 1928 , and that death occurred, on the date stated above, at 9.05 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagposis? Autopsy & clinical

(Signed) L. Emmart Lee, M. D.

6-21 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Auburn | June 22 1928 |
| 20 UNDERTAKER Wm. R. G. Elliott | ADDRESS 1425 Ashland Ave |

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35074

60-001 E 35074

## CERTIFICATE OF DEATH.

REGISTERED NO. 1623

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 Arlington Ave St., 16 Ward)

2-FULL NAME florence Creditt

(a) RESIDENCE NO. 916 Arlington Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Creditt

6 DATE OF BIRTH (month, day, and year) Mar 10/1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | 3 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Essex Co., Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant George Creditt Husband

(Address) 916 Arlington Ave

15 Filed ..... (19 ) H. HAMPTON MOORE, M. D. Registrar

NOV 27 1928 Per .....

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis-Hyperthyroidism

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner)

19 (Address)

6/22/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Date of Burial June 22 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Ashland Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 lbs.

E 35075

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35075

## CERTIFICATE OF DEATH

X74-001

1—PLACE OF DEATH

REGISTERED NO. 9-47

CITY OF BALTIMORE: (No.) 500 Rose Hill Terrace ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta Greenberg

(a) RESIDENCE NO. 500 Rose Hill Terrace ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Widow |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Greenberg

6 DATE OF BIRTH (month, day, and year) aug 7 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 10 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York N.Y.

PARENTS

10 NAME OF FATHER Jacob Picard

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Bertha Bernstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Pauline Meyer

(Address) 500 Rose Hill Terrace

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21. 1928

17 I HEREBY CERTIFY, That I attended deceased from April 20 1928 to June 21 1928 that I last saw h— alive on June 21 1928 and that death occurred, on the date stated above, at 6.00 p m.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension

(duration) + yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1 mos. 01 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) John S. Fenby M. D.

June 21 1928 (Address) 4 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Beth Olom Cemetery Fields, Long Island N.Y. June 24 1928

20 UNDERTAKER — ADDRESS

Chas. G. Black 742 N. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 35076

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

109-002 E 35076

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1164 Nanticoke ST., 21 WARD 29

2-FULL NAME Eileen Schillinberg

(a) RESIDENCE NO. 1164 Nanticoke ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 3 - 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 17 | 9 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Howard M. Schillinberg

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Maltesta

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mabel Malatesta Schillinberg (Address) 1164 Nanticoke St

15 Filed JUN 22 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1927 to June 20 1928.

that I last saw her alive on June 20 1928

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Tonsillitis,

Acute Rheumatic fever

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

Cardiac failure (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) A.N. Bruckner M. D.

6/21, 1928 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL June 22 1928

20 UNDERTAKER John J. Fields

ADDRESS 1200 W Lombard

CAUSE OF DEATH must be stated plainly, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35077

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

49 E 35077.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N Robinson ST., 6-11 WARD)

2-FULL NAME John Soares

(a) RESIDENCE No. 423 N. Robinson ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 45 yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ late Augusta Soares

6 DATE OF BIRTH (month, day, and year) Aug 6/61

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|
| 66 | 10 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cooker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Bertie Beck

(Address) 423 N. Robinson St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to June 21, 1928, that I last saw him alive on June 20, 1928, and that death occurred, on the date stated above, at 12 P. (noon) m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate.

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Bibiloni, M. D.

, 19 (Address) 417 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leeder Hill — DATE OF BURIAL 6/23 1928

20 UNDERTAKER: Philip Herring — ADDRESS 2016 Orleans St

TION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M.

JUN 27 1928

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35078

## CERTIFICATE OF DEATH

X 44 E 35078

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Fitzgerald

(a) RESIDENCE NO. 76 S W Ridgewood Ave St. Ward

(Usual place of abode) Ridgewood N.J.

Length of residence in city or town where death occurred yrs. 1 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Catherine A Fitzgerald

6 DATE OF BIRTH (month, day, and year) Aug 31 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 48 | 9 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Flourman - Dept Store

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland (State or country)

PARENTS

10 NAME OF FATHER Roger Fitzgerald

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Catherine A Fitzgerald (Address) 76 W Ridgewood Ave Ridgewood N.J.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22/28 19

17 I HEREBY CERTIFY, That I attended deceased from 5/10/28, 19, to 6/22/28, 19, that I last saw him alive on 6/21/28, 19, and that death occurred, on the date stated above, at 1.45 a.m. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? yes Date of 5/17/28

Was there an autopsy? -

What test confirmed diagnosis? Operation

(Signed) J. E. Wentzel M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cem Middle Village L.I. Date of Burial 6/25 1928

UNDERTAKER Edward F. Kane Hon 1810 Port Royal ADDRESS

JUN 22 1928 C. HAMPSON JONES D

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Hurdel

35079

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35079

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp ST. 15-21 WARD)

2-FULL NAME Edward Hurdel

(a) RESIDENCE NO. 1915 N. Fulton Av City WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Era Hurdel

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 yrs. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Ed. Hurdel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Cecilia Furman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington DC.

14 Informant Mrs. Era Hurdel

(Address) 1915 N. Fulton Ave City

15 Filed JUN 22 1928 19 HAMILTON JONES, M.D. Registrar

By [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21 1928

17

I HEREBY CERTIFY, That I attended deceased from 5-10, 1928, to 6-21, 1928, that I last saw him alive on 6-21, 1928, and that death occurred, on the date stated above, at 6 55 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)
Endocarditis
with Decompensation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. 1 mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clynical

Augustine P. Von Schuck M. D.

St Agnes Hospital (Address)

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | June 23 1928 |

20 UNDERTAKER Josiah Dyer ADDRESS 1604 W Martin

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35080

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35080

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12-44 ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Mc Clintock

(a) RESIDENCE NO. Washington D.C. ST. ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs John S. Mc Clintock

6 DATE OF BIRTH (month, day, and year) Mar. 2. 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min |
|---|---|---|---|---|
| | 50 | 3 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Land Appraiser

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Interstate Commerce.

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER John Mc Clintock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Sara Scott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Dr. Thomas F. Mc. Clintock

(Address) 112 Rutland Road, Brooklyn N.Y.

15 Filed JUN 22 1928, 19 ..... Registrar C. HAMPSON JONES, M. D.

TION is very important See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22 1928

17

I HEREBY CERTIFY, That I attended deceased from 6/12, 1928, to 6/22, 1928, that I last saw him alive on 6/22, 1928 and that death occurred, on the date stated above, at 10 15 a m

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach
Jaundice following
below complete
m. ..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Obstruction & peritonitis

..... (duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 6/15/28

Was there an autopsy? No.

What test confirmed diagnosis? Operation.

(Signed) Palmer F. C. Williams M. D.

6/22, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C.

DATE OF BURIAL June 22 1928

20 UNDERTAKER John E. Mitchell & Sons

ADDRESS 1900 Eutaw Place

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35081

## CERTIFICATE OF DEATH.

E 35081

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 721 N Edm St. 10-13 Ward)

2-FULL NAME Herman Henry

(a) RESIDENCE NO. 721 N Edmt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 6 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Buck Evans

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Farmville Va

12 MAIDEN NAME OF MOTHER Irene Henry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond Va

14 Informant Mother

(Address)

15 Filed 6 21 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. ds.

(Signed) J. H. Callan M. D.

(Coroner)

6 21, 1928 (Address) 508 E Lord ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health JUN 22 1928

C. HAMPSON JONES, M. D. UNIVERSITY OF MARYLAND

JUN 21 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35082

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 35082

1—PLACE OF DEATH

REGISTERED NO. 26-37

CITY OF BALTIMORE; (No.) 811 S. 14th ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Kitson

(a) RESIDENCE NO. 811 S. 14th ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 31-1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | 2 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shut-Fitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newburgh N.Y.

PARENTS

10 NAME OF FATHER Andrew Kitson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Courtney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Sarah Kitson
(Address) 811 S 14th St.

15 Filed ..... 19 .....
Registrar

C. HAMPSON JONES, M. D.
JUN 22 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th 1928

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1928, to June 20th, 1928, that I last saw h— alive on June 20th, 1928 and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumococcus Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman J Gerwig, M. D.

June 21, 1928 (Address) 1906 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Newburgh N.Y. | June 23 1928 |
| 20 UNDERTAKER | ADDRESS |
| John F. Moran | 3500 E. Baltimore St. |

Spec.—1-12-23—M&T—500 Bks.

E 35083

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35083

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST., 15-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Hall.

(a) RESIDENCE No. 2426 Stockton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | W-divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 73 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anny ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address)

15 Filed 6-21-1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/20/1928

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to June 20, 1928

that I last saw h alive on June 20, 1928

and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic

Arteriosclerosis

Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Residual hemiplegia, right (duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General + Lab.

(Signed) C. Severn Boyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Brewerhill Cemetery | June 24, 19 28 |
| 20 UNDERTAKER Thomas E. Kelso | ADDRESS 1303 Preston |

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35084

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35084

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 881 W. Fairmount Ave (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Baker

(a) RESIDENCE NO. 881 W Fairmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Baker

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE Years 30 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Ida Ryder

(Address) 229 Aisquith St

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

22 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th 1928

17

I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to June 20, 1928.

that I last saw her alive on June 19, 1928

and that death occurred, on the date stated above, at 12.25 m.

The CAUSE OF DEATH* was as follows:

(a) Interstitial Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regnfg

(Signed) F. C. Smith, M. D.

June 20th 1928 (Address) 1708 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 6/23 1928

20 UNDERTAKER David Carey ADDRESS 946 Bank

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35085

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35085

1-PLACE OF DEATH 832 Cloney St

CITY OF BALTIMORE: (No.) Mary A. Rice ST. (AND) 18-76

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Rice

(a) RESIDENCE NO. 832 Cloney ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | col | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ally Hayward

6 DATE OF BIRTH (month, day, and year) Oct 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | mos | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster Co (State or country) Va.

PARENTS

10 NAME OF FATHER Addison Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk Va

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk Va

14 Informant Burley Rice
(Address) 832 E Cloney St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-30-, 1928, to 6-20, 1928,

that I last saw h alive on 6/20, 1928

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bacterial Endocarditis

Terminal Bronchio-pneumonia

(duration) about 3 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Hudson M. D.

1928 (Address) 201 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | 6-23 1928 |

20 UNDERTAKER Albert Taylor ADDRESS Balto

FROM IN very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 35086 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35086

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE (NO. 4-30 STREET WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Guy Taylor

(a) RESIDENCE NO. Forest Hill, Harford Co. Md. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Taylor

6 DATE OF BIRTH (month, day, and year) ? 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | | | |

8 OCCUPATION OF DECEASED Farmer.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Hospital Record. (Address)

15 Filed , 19 C. H. THOMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-10, 1928 to 6-22, 1928 that I last saw h alive on 6-22, 1928, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue & metastasis to Cervical lymph nodes.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-12-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) John Roberts Phillips, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Centre M. E. Cem

DATE OF BURIAL June 25-28.

20 UNDERTAKER Hamburger & Goos

ADDRESS Bel Air Md.

HOW IS VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 35087. Alexandra Symbor

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

117 E 35087.

1-PLACE OF DEATH St Josephs Hospital.

CITY OF BALTIMORE: (No.) Caroline & Oliver ST. 2-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Alexandria Symbor

(a) RESIDENCE NO. 724 S. Bethel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): Albin Symbor

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE: Years 28 Months Days

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Alexander Wasielewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Albin Symbor 724 S. Bethel St.

15 JUN 22 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1928

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1928, to June 20, 1928.

that I last saw her alive on June 20, 1928,

and that death occurred, on the date stated above, at 10:20 p.m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

General Peritonitis

Pregnancy 4½ mos.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 6/20/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

19 (Address) St Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: June 20 1928

20 UNDERTAKER: John M Weber — ADDRESS: 401 S Chester St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35088 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35088

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 W. Belnord ave ST., 7-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. Ries

(a) RESIDENCE NO. 535 W. Belnord ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Bell C. Ries

6 DATE OF BIRTH (month, day, and year) July 23rd 1887

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 40 | 11 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe Fitter

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Peter Ries

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Hornung

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Louis Ries
(Address) 535 W Belnord ave

15 Filed ... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 1928 to June 22 1928

that I last saw him alive on June 21 1928

and that death occurred, on the date stated above, at 12.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ryanek M. D.

(Address) 501 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL June 25th 1928

20 UNDERTAKER George Schillinger & Son ADDRESS 1126 E Monument St

HAMPSON JONES M

Spec.—1-12-23—M&T—500 Bks.

E 35089

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35089

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hosp. No 45 REGISTERED NO. 11-25

CITY OF BALTIMORE: (No.) 33d & Calvert ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Chas. H. Sadtler

(a) RESIDENCE NO. 411 W. Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Charles H. Sadtler

6 DATE OF BIRTH (month, day, and year) Apr 24 1874

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|
| 54 | 1 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Charles H. Sadtler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Priscilla Wooster

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.
(State or country) Md.

14 Informant Mrs. Ethie Sadtler
(Address) 411 W. Franklin St.

15 Filed 6-22-1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to June 21, 1928, that I last saw him alive on June 21, 1928 and that death occurred, on the date stated above, at 11 50 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of Large Bowel, Cachexia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings, X Ray.

(Signed) Wallace Swan Lumsden, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodland Cem. | June 23 1928 |

20 UNDERTAKER John C. Mitchell & Son ADDRESS 1900 Eutaw Place

Spec.—1-12-23—M&T—500 lbs.

E 35090

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35090

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7846 (Street) Guilford Av (WARD) 57-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh McCall Sr

(a) RESIDENCE NO. 7845 Guilford Av WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or) WIFE~~ of Sarah McCall

6 DATE OF BIRTH (month, day, and year) — — 1855

7 AGE Years 73 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired U.S. 07

(b) General nature of industry, business, or establishment in which employed (or employer) Det. Bur.

(c) Name of employer Detective

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Hugh McCall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Grace A. McCall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sarah McCall

(Address) 7845 Guilford Av

15 Filed 2 3 1926, 19 C. HAMPSON JONES, M. D. Registrar

Rec'd

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, that I attended deceased from May 1, 1928, to June 20, 1928, that I last saw h— alive on June 20, 1928, and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) John A. Schmunk, M. D.

, 19 (Address) 1338 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lutheran Cem

DATE OF BURIAL 6/23 1928

20 UNDERTAKER J. Sakay Kane

ADDRESS 1318 Eutaw St.

Spec.—1-12-23—M&T—500 lbs.

E 35091 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35091

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1309 Hollins ST. 19-29 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie. Marchuk.

(a) RESIDENCE NO. 1309 Hollins ST. - WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX — + | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-30-22

7 AGE Years 5 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer) no

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Dalmat Marchuk.

11 BIRTHPLACE OF FATHER, (city or town) Rodna (State or country) Russia.

12 MAIDEN NAME OF MOTHER Sophie Urevich

13 BIRTHPLACE OF MOTHER (city or town) Vilna (State or country) Russia.

14 Informant Dalmat Marchuk (Address) 1309 Hollins St

15 Filed 6-23, 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-12, 1928, to 6-22, 1928

that I last saw h[illegible] alive on 6-21, 1928

and that death occurred, on the date stated above, at 10.9. m

The CAUSE OF DEATH* was as follows:

Tonsilar & pharyngeal diphtheria.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis acute toxic

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory Diphtheria

(Signed) S. D. Emanuel M. D.

6-22, 1928 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Independent | DATE OF BURIAL June 23, 1928

20 UNDERTAKER John Grebliunas | ADDRESS 423 S. Paca

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35092

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35092

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2144 Druid Hill Av ST. WARD 13-59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Williams

(a) RESIDENCE NO. 2144 Druid Hill Av ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno L Williams

6 DATE OF BIRTH (month, day, and year) March 8 1903

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 3 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Milton Broxton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jessie Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jessie Broxton

(Address) 2144 Druid Hill Av

15 Filed 2-2-1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20/28

17 I HEREBY CERTIFY, That I attended deceased from Apr 18, 19 28, to June 20, 19 28

that I last saw h alive on June 19, 19 28

and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) B. N. Hatcher, M. D.

6/21, 19 28 (Address) 1715 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Auburn — DATE OF BURIAL June 23 19 28

20 UNDERTAKER Franklin W Leitz — ADDRESS 1014 W Baltimore St.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35093

## CERTIFICATE OF DEATH.

93 E 35093

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Carter

(a) RESIDENCE NO. 1230 Short Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Caryer

6 DATE OF BIRTH (month, day, and year) 1886

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Wife

(Address)

15 Filed 19 C. HAMPSON JONES, M. D.

2 1928 By RKH Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 June 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac failure following operation for hemorrhoids

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Cullen M. D.

(Coroner)

6/23/28 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery Date of Burial June 24 1928

20 UNDERTAKER Edward Bryan ADDRESS 1681 orleans st

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

(Troy)

E 35094

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35094

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1343 N. Carey St. (Ward) 15-23

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Troy

(a) RESIDENCE NO. 1343 N. Carey St. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. + mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Colrd | Married |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Daniel F. Troy

6 DATE OF BIRTH (month, day, and year) May 27 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 0 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) OUT

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co.

12 MAIDEN NAME OF MOTHER Emma Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co.

14 Informant Nellie Boyd
(Address) 1343 N. Carey St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Jun 19, 1928, to Jun 20, 1928, that I last saw h alive on June 20, 1928 and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical - History

(Signed) W. H. Wright M. D.

19 (Address) 1209 Orleans St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: June 22 1928

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1745 Madison Ave

JUN 25 1928 C. HAMPSON JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

E 35095

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35095

## CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 270 2 W. North ave (St.) 15-68 (WARD)

2-FULL NAME Clara F. Oppenhagen

(a) RESIDENCE No. 270 2 W. North ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 12-1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 11 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mogons.
(State or country) Indiana

PARENTS

10 NAME OF FATHER Edward Oppenhagen

11 BIRTHPLACE OF FATHER (city or town) Southhampton
(State or country) England

12 MAIDEN NAME OF MOTHER Williams

13 BIRTHPLACE OF MOTHER (city or town) Monmouthshire
(State or country) England

14 Informant Albert L. Myer
(Address) 270 2 W. North ave

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly CODED. See instructions on back of certificates. TION is very important.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1928

17

I HEREBY CERTIFY, That I attended deceased from July 25 to June 23 1928

that I last saw h[illegible] alive on June 22 1928

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of July 1925

Was there an autopsy? No

What test confirmed diagnosis? Pathological examination

(Signed) E. R. C. Allen, M. D.

6/23 1928 (Address) 2757 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cincinnati, Ohio | 6/24 1928 |
| 20 UNDERTAKER Wm J. Jackson's Sons | ADDRESS 2 N. Howard |

JUN 23 1928 C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35096

## CERTIFICATE OF DEATH.

113 E 35096

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1227 Bayard St. 21-28 Ward)

2-FULL NAME Rosalee Butler

(a) RESIDENCE NO. 1227 Bayard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 23, 1928

7 AGE: Years — Months — Days 28

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Walker Butler

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Florence Anderson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Florence Butler

(Address) 1227 Bayard St

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 27 192 8

17 I HEREBY CERTIFY, That I have viewed the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Int Rickets

(duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) C

(duration) yrs. mos. ds.

(Signed) C. Lawshe M. D.

(Coroner)

, 19 (Address) 1 E Gladis Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Date of Burial: June 23, 1928

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS: 1425 Ashland Ave

very important. See instructions on back of certificate.

JUN 23 1928

Cor.—12-9-26—A Co.—200 Blks.

E 35097

# HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 35097

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Women Hosp. St. 11-24 Ward)

2-FULL NAME Lenora E. Carpenter

(a) RESIDENCE NO. 1317 Park Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 8th 1861

7 AGE Years 66 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ill

(State or country)

PARENTS

10 NAME OF FATHER Rev Lucien B Carpenter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Derby Lane Vermont

12 MAIDEN NAME OF MOTHER Cunnie Walker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Helen Evans

(Address) 1317 Park Ave

15 Filed ....., 19.... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Lynch M. D.

(Coroner)

Jan 22 1928 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Belmont Cem June 25 1928

20 UNDERTAKER Henry H Jenkins Sons Co ADDRESS 1911 E Eager

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35098

## CERTIFICATE OF DEATH.

90 E 35098

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 22nd Ward)

2-FULL NAME Charles E. Topwell

(a) RESIDENCE NO. 320 S. Regester St. 2 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | widower |

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Catherine J. Topwell

6 DATE OF BIRTH (month, day, and year) Jan 16 1858

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 70 | 5 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John T. Topwell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Sarah A. Loechel (Daughter)

(Address) 520 N. Linwood Ave.

15 Filed ..... 19 .....

Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) James M. Fenlon M. D.
(Coroner)

6/21 1925 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 1 hr. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 320 S. Regester St.

Former or usual residence "

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery Date of Burial June 25 1925

20 UNDERTAKER Lilly & Zeiler Inc ADDRESS 403 S. Wolfe St

very important. See instructions on back of certificate.

JUN 25 1925 HAMPDEN

Spec.—2-29-28—L. F. S.—500 Bks.

E 35099

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100 E 35099

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 114 N. Port ST. 6 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Petronilla Etzel

(a) RESIDENCE NO. 114 N. Port ST., 6 WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if foreign birth? Lord Knows yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Etzel

6 DATE OF BIRTH (month, day, and year) aug 4th 1879

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 10 | 21 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Trumpeter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER agnes Trumpeter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Simon Etzel Husband

(Address) 114 N. Port St.

15

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21/28

17

I HEREBY CERTIFY, That I attended deceased from June 14 19 28 to June 21 19 28

that I last saw h[illegible] alive on June 21 19 28

and that death occurred on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

19 28 (Address) 1009 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cem | June 25 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly & Zeller Inc | 403 S Wolfe St |

JUN 23 1928 H. HAWSON JONES

Spec.—1-12-23—M&T—500 Blks.

E 35100

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35100

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 16-23 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mc Clure.

(a) RESIDENCE No. 713 N. Calhoun ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 49 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fish seller

(b) General nature of industry, business, or establishment in which employed (or employer) O&S

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER James Mc Clure

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Celia Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Records.

15 Filed JUN 23 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/20/1928.

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to June 20, 1928 that I last saw him alive on June 20, 1928 and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis.
Myocarditis - chronic.
Arteriosclerosis. Hypertension

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Surg.

(Signed) C. Hampson Jones, M. D.

, 19 BALTIMORE CITY HOSPITALS (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cy

DATE OF BURIAL June 23, 19

20 UNDERTAKER Leonard Whalen

ADDRESS 699 Mercer St.

Spec.—1-12-23—M&T—500 Bks.

E 35101

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-12 35101

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Regester ST. 6-9 WARD)

2-FULL NAME Josephine Smith

(a) RESIDENCE No. 413 N Regester ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Warren Smith

6 DATE OF BIRTH (month, day, and year) Jan 4 1908

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 6 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Jayson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Fanny Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Fanny Hopkins
(Address) 413 N Regester

15 Filed JUN 23 1928, 19 ..... Registrar ERH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 21 1928, that I last saw h alive on June 20, 1928, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Geo. S. Adler, M. D.

(Address) 508 Somerset Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.- (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cem DATE OF BURIAL June 22

20 UNDERTAKER Robert T. Williams ADDRESS 1515 N Fulton Ave

JUN 23 1928 C. HAMPSON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

213997 E 35102 — 4th E 35102

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS ST. 22-30 WARD)

3 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Scribner

(a) RESIDENCE NO. 403 West Barre ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~ |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 41 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Isaiah Small

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Annie Small

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1928

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1928, to June 20, 1928, that I last saw h.. alive on June 20, 1928 and that death occurred, on the date stated above, at 8 15 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus with metastases to mediastinal glands

(duration) — yrs. 6+ mos. — ds.

CONTRIBUTORY (Secondary) lobar pneumonia

(duration) — yrs. — mos. 2-3 ds.

18 Where was disease contracted if not at place of death? "entry"

Did an operation precede death? Yes Date of May 30 1928

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy & biopsy

(Signed) William McMillan, M. D.

6/21, 1928 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Albion Cemetery

DATE OF BURIAL 6/24 1928

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1390 W. Mosher St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35103

## CERTIFICATE OF DEATH.

E 35103

REGISTERED NO. 101-04

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1414 Carroll St. 21-28 (WARD)

2-FULL NAME Mary E. Waters

(a) RESIDENCE NO. 1414 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fe | Col | Married |

5a If married, widowed or divorced HUSBAND of (or) WIFE of William Waters

6 DATE OF BIRTH (month, day, and year) Sept 27, 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | 8 | 25 | |

8 OCCUPATION OF DECEASED Domestic

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER James Conner

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Sophia Johnson

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant James Conner

(Address) 25 Atlanta Ave Mt Wilson

15 Filed ..... 1928 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1928

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1928, to June 21, 1928.

that I last saw her alive on June 21, 1928

and that death occurred, on the date stated above, at 5 A, m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. Parker Thomas, M. D.

June 22 1928 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkridge Cem.

DATE OF BURIAL 6/25 1928

20 UNDERTAKER Walter P. Boyce

ADDRESS 189 W. Hamburg St.

TION is very important. See instructions on back.

JUN 24 1928

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35104

## CERTIFICATE OF DEATH.

12 9 E 35104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. ) 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert H. Strahmann

(a) RESIDENCE No. 1011 Linden Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | ? |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ward carrier

(b) General nature of industry, business, or establishment in which employed (or employer) 035

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Virginia

PARENTS

10 NAME OF FATHER Benjamin Sheppard

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Emily Burgess

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant [redacted]
(Address) Friends.

15 Filed 6-24 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22/1928.

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1928 to June 22, 1928

that I last saw h[redacted] alive on June 22, 1928

and that death occurred, on the date stated above, at 3 20 A m.

The CAUSE OF DEATH* was as follows:

Cirrhosis interstitial

nephritis & uraemia

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Hypertension.

arteriosclerosis (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General Symptoms.

(Signed) C. Irvine Burgess, M. D.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. Gen

DATE OF BURIAL June 24 19 28

20 UNDERTAKER Saml. H. Chase & Son ADDRESS 1400 Mosher

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35105

## CERTIFICATE OF DEATH.

1-001 16 E 35105

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N Pine ST. 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Jones.

(a) RESIDENCE NO. 213 N Pine ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 22/928

7 AGE: Years: Infant; Months: ; Days: ; If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nv

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Susie Coates

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Joseph Jones

(Address) 213 N Pine St.

15 Filed ....., 19 .....

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1928

17

I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to June 22, 1928,

that I last saw her alive on June 22, 1928,

and that death occurred, on the date stated above, at 7.45 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

Congenital Atelectasis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam

(Signed) Thought Reynolds, M. D.

, 19 (Address) Womens City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 6/24 1928

20 UNDERTAKER: David Earle — ADDRESS: 916 Eutaw

TION is very important. See instructions on back of certificate.

HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

Cockrell ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35106 ~

## CERTIFICATE OF DEATH.

43

E 35106

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Bradley ST., 17-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Cockrell

(a) RESIDENCE No. 808 Bradley ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | married |

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Frank Cockrell

6 DATE OF BIRTH (month, day, and year) 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Frank John Myers

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Md

12 MAIDEN NAME OF MOTHER Hannie Baldwin

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

14

Informant Annie Myers
(Address) 808 Bradley St

15

Filed ....., 19 .....
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22-1928

17

I HEREBY CERTIFY, That I attended deceased from April 6, 1928, to June 22, 1928, that I last saw h[illegible] alive on June 21, 1928 and that death occurred, on the date stated above, at 5.40A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Tongue

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Frank E. Nesbit, M. D.

June 22, 1928 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cem | 6/24/28 |
| 20 UNDERTAKER Daniel Easton | ADDRESS 916 Pa ave |

TION is very important. See Instructions on back of certificates.

JUN 24 1928 C. HUGHES JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

E 35107

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35107

## CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

U.S. Marine Hospital,

CITY OF BALTIMORE: (No. Remington, Ave., Balto., Md. ST. 14-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Morales

(a) RESIDENCE NO. 310 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Francis Morales

6 DATE OF BIRTH (month, day, and year) 6/23/1899

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 29 | - | - | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S."General Leon Jurado"

9 BIRTHPLACE (city or town) Porto Rico (State or country)

PARENTS

10 NAME OF FATHER Jacob Morales

11 BIRTHPLACE OF FATHER (city or town) Spain (State or country)

12 MAIDEN NAME OF MOTHER Mary Magossa

13 BIRTHPLACE OF MOTHER (city or town) Cuba (State or country)

14 Informant Records U.S. Marine Hospital

(Address) Baltimore, Md.

15 Filed JUN 24 1928, 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 21, 19 28, to June 23, 19 28, that I last saw him alive on June 23, 19 28, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) none

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) J. C. Graves, M. D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

20 UNDERTAKER Daniel Carter

DATE OF BURIAL 6-29-28

ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Bks.

E 35108

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

12 E 35108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Thirteenth St. Monroe Park 25 WARD 12)

2-FULL NAME Anna Heinecke

(a) RESIDENCE NO. 1120 Thirteenth St., Monroe Park
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Friedrich Heinecke dec'd

6 DATE OF BIRTH (month, day, and year): May 19 1853

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 1 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Feldmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Holmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Miss Mamie Heinecke 1120 Thirteenth St

15 Filed JUN 24 1928 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 23 1928

17 I HEREBY CERTIFY, That I attended deceased from June 12 1928 to June 23 1928 that I last saw her alive on June 23 1928 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. ? mos. ~~10~~ ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chester M. Kieffer M. D.

June 23 1928 (Address) 2320 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | June 25 1928 |
| 20 UNDERTAKER: Jos Sourdens & Son | ADDRESS: 2179 Penn |

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Macfarlane.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35109

## CERTIFICATE OF DEATH.

49 E 35109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 25-73 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William McFarlane

(a) RESIDENCE NO. 103 Maryland Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. MacFarlane

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 5 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 2 yrs.

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Annie M. MacFarlane

(Address) 103 Maryland Ave Baltimore

15 Filed NOV 24 1928, 19 HAROLD JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23 1928

17

I HEREBY CERTIFY, That I attended deceased from , 1927, to 6-23, 1928,

that I last saw him alive on 6-23, 1928,

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

McFarlane (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Cystoscopy

(Signed) M. Meyer, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL June 25 1928

20 UNDERTAKER Frederick Loeser & Sons

ADDRESS Fullerton

Spec.—1-10-21—M&T—1500 Blks.

E 35110

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

5 | E 35110

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Josephs Hospital

CITY OF BALTIMORE: (No. ) ST. 14-20 (WARD)

2-FULL NAME George Bryant

(a) RESIDENCE NO. 1532 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 weeks' mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28 1916

7 AGE Years 11 Months 10 Days 25 If LESS than 1 day, hrs. or min.

11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va (State or country)

PARENTS

10 NAME OF FATHER Edw Bryant

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Bessy Fallin

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Mrs Matilda Fallin

(Address) 1532 Division St

15 Filed JUN 24 1928, 19 H. HAMBLY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1928

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to June 23, 1928, (but I last saw him alive on June 23, 1928), and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency with cardiac decompensation

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. I. Thompson M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dundalk Cem. | DATE OF BURIAL 6-26-28

20 UNDERTAKER Thomas E Wright | ADDRESS 25

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35111

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35111

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1353 Whatcoat St. 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle McElroy

(a) RESIDENCE NO. 1353 Whatcoat St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie McElroy

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 55 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town): unknown

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): unknown

(State or country)

14 Informant: William [illegible] Smith

(Address) 1353 Whatcoat

15 Filed ..... 19 .....

C. CHAMPION JONES, M. D. Registrar

JUN 24 1928

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

(duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) T. C. Lisk, M. D.

(Coroner)

June 23 1928 (Address) 1111 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Date of Burial June 26 1928

20 UNDERTAKER: Samuel E. Wright ADDRESS 1364 Carey

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35112

## CERTIFICATE OF DEATH.

109-002

E 35112

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 1716 WARD)

2-FULL NAME Benjamin Lawrence

(a) RESIDENCE No. 202 Bruner ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 21

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Africa

PARENTS

10 NAME OF FATHER Ruben Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Africa

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Africa

14 Informant

(Address)

15 Filed 2-4 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/23/1928

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to June 23, 1928

that I last saw him alive on June 23, 1928

and that death occurred, on the date stated above, at 9:00 A. m.

The CAUSE OF DEATH* was as follows:

Vincentia angina

generalized Vincentia

infection

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Sub

(Signed) C. Haviland Burge, M. D.

, 19 (Address)

*State the Disease Causing Death. In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn | June 25 1928 |

20 UNDERTAKER Sand W. E. Chase & Son ADDRESS 1400 Mosher

Spec.—2-29-28—L. F. S.—500 Bks.

E 35113

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-00 35113

E 35113

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Towson ST. 24-35 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Clark

(a) RESIDENCE NO. 1436 Towson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Coleman Clark

6 DATE OF BIRTH (month, day, and year) Oct 20, 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 39 | 8 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) B.&O.R.R. Pier

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Annie Clark

(Address) 1436 Towson St.

15 Filed 6-24, 1928 H. HANSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1928

17 I HEREBY CERTIFY That I attended deceased from June 19th, 1928, to June 23, 1928

that I last saw him alive on June 23, 1928

and that death occurred, on the date stated above, at 11.15A m.

The CAUSE OF DEATH* was as follows:

Dental Caries

Alveolar abscess

(duration) Don't know yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes- Teeth extraction Date of June 17, 1928

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris, M. D.

6.23. 1928 (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL June 26 1928

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 high St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35114

36114

E 35114

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Bank St 3-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mariandamis Lazzazzio

(a) RESIDENCE No. 1427 Bank St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Dominick

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Dominick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Louis Lizzazzio

(Address) 521 Bond St.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1928.

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 1928 to June 21 1928.

that I last saw h alive on June 21 1928

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

a. Carcinoma of Liver

b. Carcinoma of Pancreas.

(duration) yrs. 9 mos ds.

CONTRIBUTORY* (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

6/25 19 28 (Address) 733 Augusta St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus

DATE OF BURIAL 6-25 1928

20 UNDERTAKER Randall Hoppe & Co.

ADDRESS 501 S Colum

TION is very important. See instructions on back of certificate.

JUN 24 1928 HAMILTON JONES, M.D.

Spec.—12-9-25—A Co.—200 Bks.

**E 35115** HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

47-55-90 ✓ **E 35115**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3707 Hayward Ave 47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Alexander Sewell

(a) RESIDENCE NO. 3707 Hayward Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | widowed |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Susan M. Sewell.

6 DATE OF BIRTH (month, day, and year) Jan 15-1856.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 72 | 5 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Station master

(b) General nature of industry, business, or establishment in which employed (or employer) P. R. R.

(c) Name of employer P. R. R.

9 BIRTHPLACE (city or town) ?

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Noah Sewell

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) unknown.

14 Informant Warren E. Sewell.

(Address) 3707 Hayward ave

15 Filed_____, 19____ _____ Registrar

Very Important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2- 1917, to June 23- 1928; that I last saw him alive on June 22- 1928; and that death occurred, on the date stated above, at 8:35 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart.

(duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 11 yrs. 5 mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) Chester Reland, M. D.

6-23-1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial 6/27 19 28

20 UNDERTAKER Freeman Cook

ADDRESS 502 E Ward

V. HELEN HAMILTON JONES, M. D.

Spec—12-23-21—F.B.R.S.—400 Blks.

E 35116 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2800 Woodbrook Ave. St. 13 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Mrs) Margaret A Blank

(a) Residence No. 2800 Woodbrook Av. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or)-WIFE of Edward Blank

6-DATE OF BIRTH (month, day and year) May 7 1895

7-AGE. 33 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER George H. Blank

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Derr

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) Mrs Margaret Blank

(Address) 2800 Woodbrook Ave

15- Filed NOV 25 1925 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sunday January 25

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1918 to June 24, 1918 that I last saw h.er alive on June 22 1918 and that death occurred, on the date stated above, at 8.05 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of 2/21/18

Was there an autopsy? no.

What test confirmed diagnosis? Microscopic Exam

(Signed) W M Greenberg M D

6/26, 1918 (Address) 461 E Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemtry

DATE OF BURIAL. 6/26 1918

20-UNDERTAKER. William Cook

ADDRESS 508 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E 35117 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E 35117.

1-PLACE OF DEATH Hebrew Home for Chronic
CITY OF BALTIMORE (No. 2200 E Balto St ST. 6-10 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Bear

(a) RESIDENCE No. 2200 E. Balto St ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | white | widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Bear

6 DATE OF DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 98 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack M. Rosengarten (Address) 3707 Spaulding Ave

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/24 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to June 24, 1928, that I last saw h. alive on June 24, 1928, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

a. nephritis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrn Rm | DATE OF BURIAL 6/25 19 28

20 UNDERTAKER Jack Lewis | ADDRESS 1439 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35118

## CERTIFICATE OF DEATH.

74-001

E 35118

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 418 N. Poppleton St. 18-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Owens

(a) RESIDENCE NO. 418 N. Poppleton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Negro | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elbert Owens.

6 DATE OF BIRTH (month, day, and year) Sept 15, 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 47 | 9 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ga.

PARENTS

10 NAME OF FATHER Thomas Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Julia Hamilton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga.

14 Informant Mr. Elbert Owens.

(Address) 418 N. Poppleton St.

15 Filed ..... 19 ..... Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

6/23 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — Date of Burial June 25, 1928

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

JUN 25 1928 C. HAMILTON JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

E 35119

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged men & women's Home ST. 1st Ave (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Davis

(a) RESIDENCE NO. 1627 Druid Hill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | colored | widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) — 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 79 | — | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rev. Dawn

(Address) 1623 Druid Hill

15 Filed JUN 25 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1928

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1928, to June 22, 1928, that I last saw him alive on June 22, 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bright Disease

CONTRIBUTORY (Secondary) old age (duration) yrs. mos ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Wheatley, M. D.

June 24, 1928 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL June 25, 28

20 UNDERTAKER John H Toadvine

ADDRESS 1027 Druid Hill

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35120

## CERTIFICATE OF DEATH.

E 35120

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 15-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Smith

(a) RESIDENCE No. 1300 W. Fulmor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | W-divorced |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 85 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Freeman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Sydonia Robinson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant
(Address)

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/21/1928

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to June 21, 1928,

that I last saw her alive on June 21, 1928

and that death occurred, on the date stated above, at 9:00 P. m.

The CAUSE OF DEATH* was as follows:

Right hemiplegia - cerebral hemorrhage.

Arteriosclerosis

Hypertension (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Residual hemiplegia - right

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Sub

(Signed) C. Lawrence Bright, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mont Auburn

DATE OF BURIAL June 25, 1928

20 UNDERTAKER John H Owens

ADDRESS 5758 Dolphin

BALTIMORE CITY HOSPITALS

C. HAMPTON JONES, M.

JUN 25 1928

Spec.—1-12-23—M&T—500 Bks.

E 35121 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35121

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3604 (St.) Parkhurst Ave (Ward) 15-58

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan M. Underwood

(a) RESIDENCE No. 3604 St. Parkhurst Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about | 97 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER Jacob Underwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Clara M Roe

(Address) 3604 Parkhurst Ave

15 Filed 6-25, 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1928

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to June 23, 1928, that I last saw her alive on June 23, 1928 and that death occurred, on the date stated above, at 1:20 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion of the Lungs not due to Injury (duration) 24 hours

CONTRIBUTORY (Secondary) Interstitial Nephritis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO. Date of -

Was there an autopsy? NO.

What test confirmed diagnosis?

(Signed) Eduardo C. Price, M. D.

6-23 1928 (Address) 1765 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Balto

DATE OF BURIAL June 26 1928

20 UNDERTAKER J. Sink Chunn

ADDRESS A. S. Marshall 5539 Hall Rd

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35122

E 35122

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3738 Roland Ave. ST. 13 WARD) 13-52-129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Sullivan

(a) RESIDENCE NO. 3738 Roland Ave ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Sullivan

6 DATE OF BIRTH (month, day, and year) Sept 12/1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 56 | 9 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Lon. H Turnbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Anna M Cochran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md.

14 Informant John T. Sullivan

(Address) 3738 Roland Ave

15 Filed JUN 25 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1928

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to June 24, 1928, that I last saw her alive on June 23 1928, and that death occurred, on the date stated above, at 6 35 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 42 ds.

CONTRIBUTORY (Secondary) Nephritis & Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Irvin Underwood, M. D.

6/24, 1928 (Address) 846 N 36th St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jessup Church Balto Co. DATE OF BURIAL June 27 1928

20 UNDERTAKER A D Marshall ADDRESS 3539 Fall Rd.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35123

## CERTIFICATE OF DEATH.

179

E 35123

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital 20-70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Marie Nedwell

(a) RESIDENCE NO. 140 S. Hilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 25, 1922

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 6 | 3 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank D. Nedwell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Rogers

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mr. Frank D. Nedwell

(Address) 140 S. Hilton St.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc.

Burns - (Playing with Matches)

(Duration) yrs. mos. 2 hrs

CONTRIBUTORY Exhaustion

(Secondary) (Duration) yrs. mos. 2 ds.

(Signed) J. C. Radio M. D.

(Coroner)

6/23, 1928 (Address) 143 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial June 25 19 28

20 UNDERTAKER Chas. L. Cook ADDRESS 1003 West Baltimore St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35124

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35124

REGISTERED NO. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 411 Hollen Road ST. Cedarcroft WARD)

2-FULL NAME Lilian Blatter Mahool

(a) RESIDENCE No. 411 Hollen Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H. Mahool

6 DATE OF BIRTH (month, day, and year) Jan. 6 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 60 | 5 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John Blatter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mary Demuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Harry H. Mahool (Address) 411 Hollen R'd Cedarcroft

15 Filed JUN 25 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1928, to June 24, 1928, that I last saw her alive on June 23, 1928 and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Geo. M. Gribble M. D.

6/24, 1928 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL June 26 1928

20 UNDERTAKER Jos. B. Cook

ADDRESS 1003 W. Baltimore

Spec.—1-10-21 M&T 1500 Bks.

E 35125

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35125

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A. Kelly Hospital ST. 1220 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry M. Wharton

(a) RESIDENCE NO. 224 W. Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Collard Wharton

6 DATE OF BIRTH (month, day, and year) Sept. 14 1848

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 79 | 9 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Malkin Hart Wharton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan Colbrn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Lucy Collard Wharton

(Address) 224 W. Lafayette Ave.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1928

17

I HEREBY CERTIFY, That I attended deceased from June 19, 1928, to June 23, 1928.

that I last saw him alive on June 23, 1928.

and that death occurred, on the date stated above, at 4 35 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 5, 1923

Was there an autopsy? no Autopsy

What test confirmed diagnosis? Blood Chem, Urine Anal,

(Signed) Edmund Kelly M. D.

. 19 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cedar Cemy.

UNDERTAKER John O. Mitchell & Sons 1900

DATE OF BURIAL June 26 1928

ADDRESS Eutaw Place

TIONS is very important. See instructions

ROBT. JOHN HAMILTON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35126

179

## CERTIFICATE OF DEATH.

E 35126

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Mens Hosp 12-51 St. Ward)

2-FULL NAME Mrs Margaret Earnshaw

(a) RESIDENCE NO 2646 Maryland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Coren J. Earnshaw

6 DATE OF BIRTH (month, day, and year): April 3, 1898

7 AGE — Years: 30 Months: 8 Days: 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machine

(b) General nature of industry, business, or establishment in which employed (or employer): Operator

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER: Andrew S. Love

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Catherine Delaney

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

14 Informant: Coren J. Earnshaw

(Address) 2646 N. Fulton Ave

15 Filed..... 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 23 - 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Burns.

Burns Face Legs & Chest

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Burns Face

(duration) yrs. mos. 24 ds.

June 25 28 (Signed) G. C. Todd M. D.

(Coroner)

19 (Address) 143 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Date of Burial June 26 1928

20 UNDERTAKER: Geo. H. Fetter ADDRESS 1705 Eutaw

Very Important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35127.

## CERTIFICATE OF DEATH

74-001

E 35127.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2419 Edmondson Ave St. 16-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Ann Kinsley

(a) RESIDENCE NO. 2419 Edmondson Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 9 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry M. Kinsley

6 DATE OF BIRTH (month, day, and year): Nov. 15 - 1848

7 AGE — Years: 79 Months: 7 Days: 9 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: George Leonard

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Eliza

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: Mary E. Fox

(Address) 2419 Edmondson ave

JUN 25 1928

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 20, 19 28, to June 24, 19 28, that I last saw h.. alive on June 24, 19 28, and that death occurred, on the date stated above, at 11.50a m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ✓ yrs. ✓ mos. 1 ds.

CONTRIBUTORY (Secondary): Arteria Sclerosis.

(duration) 2 yrs. ✓ mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George E. Brannon M. D.

6/24 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL: Columbus. Ohio — Date of Burial: JUN 25 1928 19

20 UNDERTAKER: Geo W Little — ADDRESS

REGISTERED JUN 25 1928 H. R. JONES, M. D. Registrar

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

pcc—12-23-21—E.B.R.S.—400 Bks.

E 35128

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35128

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3165 Leeds St., 70-70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Windhaus

(a) Residence No. 3165 Leeds. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced~~ (Write the word.)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Windhaus

6-DATE OF BIRTH (month, day and year) June 14, 1879

7-AGE, 49 yrs. — mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer George Pohlman

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Frederick Windhaus

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Kreide

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Elizabeth Windhaus

(Address) 3165 Leeds St.

15- Filed 1928 Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 23, 1928

17- I HEREBY CERTIFY, That I attended deceased from June 23, 1928 to June 23, 1928

that I last saw h alive on June 23, 1928

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Rheumatism

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arthritis Deformans

(Duration) 13 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) W. S. Larson, M. D.

19 (Address) Halethorpe, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park Cemetery — DATE OF BURIAL, June 26, 1928

20-UNDERTAKER, Charles W. Dill — ADDRESS 3109 Fredk. Ave.

~~JUN 25 1928 HAMPSON JONES, M. D.~~

Spec.-7-17-26—A Co.—200 Bks.

E 35129

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 35129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Bd Gen Hosp St., 10-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm E Davidson

(a) RESIDENCE NO. 2596 W Fay [redacted]

(Usual place of abode) Ward

Length of residence in city or town where death occurred 66 yrs. 10 mos. 9 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Wm E Davidson

6 DATE OF BIRTH (month, day, and year): Aug 14 1861

7 AGE — Years: 66 Months: 10 Days: 9 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Oc

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Wm Davidson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary Lightner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant (Address): Hospital Records

15 Filed ... 19... Registrar

N 23 1926 C. THARON JONES, M. D.

Per ...

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-23-26 19

17 I HEREBY CERTIFY, That I attended deceased from 6-11-26, 19 26 to 6-23, 19 26

that I last saw him alive on 6-23, 19 26

and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

I Chr. Nephritis

II Cystitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) 4 yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Lemmon M. D.

19 (Address) Bd. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial June 28th 1926

20 UNDERTAKER: H S Kilpatrick ADDRESS 850 N Castle

Duly to be properly executed, [illegible] shall be made out in full. Physicians are requested to fill out carefully and in full every item in the certificate, especially the date of death, cause of death, and duration of each. Information as to the cause of death is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Mc Gaddeu.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35130

## CERTIFICATE OF DEATH.

13 E 35130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 138 So. Highland Ave. (St.) No-11 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie McGaddis

(a) RESIDENCE NO. 605 N Clinton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: Wm McGaddis.

6 DATE OF BIRTH (month, day, and year): Nov. 13 - 1900

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 27 | 27 | 7 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George W. Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pittsburg Pa

12 MAIDEN NAME OF MOTHER: Dora Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U.S.A. City

14

Informant: Mrs. Wm. Gaddess

(Address): 605 N. Clinton.

15

Filed ..... 19 ..... HAMILTON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-22 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-11, 1928, to 6-22, 1928

that I last saw her alive on 6-22, 1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Hamilton Jones, M. D.

6-26, 1928 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cat Town Cem.

DATE OF BURIAL: 6-28 19

20 UNDERTAKER: Stephen Rockenwagner

ADDRESS 427 [illegible]

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35131

## CERTIFICATE OF DEATH.

100 E 35131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1207 Mosher ST. 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Nickals

(a) RESIDENCE NO. 1136 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Emma Nickals

6 DATE OF BIRTH (month, day, and year) April 10th 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 2 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Captain Ruckett

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Estella Brown. Daughter

(Address) 1136 Mosher St.

15 Filed JUN 25 1928 19 H. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22nd 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to June 21, 1928.

that I last saw him alive on June 21, 1928.

and that death occurred, on the date stated above, at 5 15 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bain, M. D.

, 19 (Address) 987 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cross Road Cemetery

DATE OF BURIAL 6/25 1928

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1303 Preston

How to fill out this important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35132

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35132

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1414 W. Lafayette Ave. 16-22 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Jackson

(a) RESIDENCE NO. 1404 W. Lafayette Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): 1894 - Aug 11st

7 AGE

| Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 34 | 10 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Robt Jackson

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Eliza Wright

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Cora Jones

(Address) 1414 W Lafayette Ave

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 23 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. B. Linke M. D.

June 27 1928 (Coroner)

(Address) North Ave & Dru

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 6/26 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1305 Pleasant

Spec.—2-29-28—L. F. S.—500 Bkt.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35133

## CERTIFICATE OF DEATH

129

E 35133

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1301 W Lombard ST., 19-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Matilda L Filbo

(a) RESIDENCE NO. 1301 W Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 22 1869

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 6 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER Dan J Cromer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Ann Gilmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Gertrude Trabaudo
(Address) 1301 W Lombard

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/23/28

17 I HEREBY CERTIFY, That I attended deceased from 6/14/, 1928, to 6/23/, 1928, that I last saw h... alive on 6-23-28, 1928 and that death occurred, on the date stated above, at 10:45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Leonard A. Levy, M. D.

6-24, 1928 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | June 26 1928 |
| 20 UNDERTAKER George J Smith | ADDRESS 853 Hollins |

Spec.—1-12-23—M&T—500 Bks.

E 35134

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100 201 E 35134

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E. Monument 10-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anita Lee Little

(a) RESIDENCE NO. 1004 E. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 8 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER LeRoy Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mable Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mable Little

(Address) 1004 E Monument

15 Filed JUN 25 1928 19 C. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1928

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to June 23, 1928, that I last saw her alive on June 23, 1928, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) D. G. Willenbrand, M. D.

6-23 1928 (Address) 708 Euson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion — DATE OF BURIAL June 25 1928

20 UNDERTAKER A. E. Pleasants Son — ADDRESS 1615 N. Milton Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35135

## CERTIFICATE OF DEATH.

182 E 35135

1-PLACE OF DEATH Found in Harbor Front

City of BALTIMORE: (No.) Lancaster St. 3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo F. Szymanski

(a) RESIDENCE NO. 1619 Lancaster St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11 1920

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 8 | 2 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country) Md

PARENTS

10 NAME OF FATHER Peter Szymanski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Sophie Zacharski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Sophie Szymanski

(Address) 1619 Lancaster

15 Filed JUN 25 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning by falling off Wharf

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M. Kemler M. D.
(Coroner)

6/14 1928 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. Date of Burial June 26 1928,

20 UNDERTAKER M. F. Sadowski. ADDRESS 905 S. Ann St

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35136

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

3 / E 35136

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (If B.) 14 WARD) 20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Goodman

(a) RESIDENCE NO. 1800 Ettings st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 46 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Becky Hanks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed JUN 25 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 19 28

17

I HEREBY CERTIFY, That I attended deceased from June 9, 19 28, to June 23, 19 28, that I last saw him alive on June 23, 19 28, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) L. Remaddeu, M. D.

6-25-19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blackstone, Notay Co. Va.

DATE OF BURIAL 6/27/1928

20 UNDERTAKER Geo. T. Gibson

ADDRESS 1700 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

E 35137

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35137

## CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 4-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Eckemeyer

(a) RESIDENCE NO. 103 N. Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Do Not Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not Know

12 MAIDEN NAME OF MOTHER Do not Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not Know

14 Informant Mrs Virginia Wilson

(Address) 103 N. Fremont St

15 Filed 2-14 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22- 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-12, 1928, to 6-22, 1928, that I last saw h[illegible] alive on 6-22, 1928, and that death occurred, on the date stated above, at 4.35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? General

(Signed) Augustine V. Von Schulzen, M.D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 6/25/ 1928

20 UNDERTAKER [illegible] Daley & Sons

ADDRESS 316 [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 35138

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-001 E 35138

1-PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No.) 33d & Calvert St. 12-49 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Coy

(a) RESIDENCE NO. Fredericksburg Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1 - 1881

7 AGE — Years: 47 — Months: 1 — Days: 28 — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Easton Md

PARENTS

10 NAME OF FATHER Thomas F. Coy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Mary Symington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Self

(Address)

15 Filed June 26 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 28 19 28, to June 24 19 28.

that I last saw h alive on June 24 19 28

and that death occurred, on the date stated above, at 4.05 P m

The CAUSE OF DEATH* was as follows:

Psychoneurosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition, Pyelitis

Broncho-pneumonia (28)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Wallace Swaim Kelly M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fredericksburg, Md — DATE OF BURIAL: June 25 19 28

20 UNDERTAKER: Wm. L. Dickens Sons N. & Pa — ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

B 35139

## CERTIFICATE OF DEATH.

90 E 35139

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4 N. Carey St. 19-26 (Ward)

2-FULL NAME Wm E. Thompson Sr

(a) RESIDENCE NO. 4 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary M. Thompson (or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) April 20. 1841

7 AGE: Years 87 | Months 2 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired School Teacher

(b) General nature of Industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Centreville

(State or country) Maryland

PARENTS

10 NAME OF FATHER Jas West Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna McFeely

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Wm E. Thompson Jr

(Address) 4 N. Carey St.

15 Filed ....., 19 ..... C. HAMPDEN JONES, M. D. Registrar

JUN 25 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24. 1928

17

I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to June 24, 1928, that I last saw him alive on June 24, 1928, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ✓ yrs. ✓ mos. 2 ds.

CONTRIBUTORY (Secondary) Senile arterio sclerosis and myocarditis

(duration) Over 5 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) Thos Cooke, M. D.

Jun 24 1928 (Address) 203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centreville Queen Anne's Co. Md. Date of Burial 6/25 1928

20 UNDERTAKER Ed. Fanning & Son. ADDRESS Lafayette Ave & Washington St

Spec.—1-12-23—M&T—500 Bks.

E 35140 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35140

## CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST., 27-53 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy a Knight

(a) RESIDENCE NO. 946 Cold Spring Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Knight

6 DATE OF BIRTH (month, day, and year) Dec. 4-1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min |
|---|---|---|---|---|
| | 52 | 6 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman 061

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Percy a Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sena Seabert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Mary M. Knight (Address) 946 Cold Spring Lane

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1928

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to June 24, 1928, that I last saw h.. alive on June 24, 1928, and that death occurred, on the date stated above, at 1-55 P.M.

The CAUSE OF DEATH* was as follows:

Contusion vehicle mix

(duration) yrs. 2 mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia, Terminal Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 6, 1928

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) George O. Eaton, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL June 28, 1928

20 UNDERTAKER Horace A. Burgee — ADDRESS 363 Falls Rd.

Spec.—1-12-23—M&T—500 Blks.

(Brook)

E 35141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35141

## CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3815 Hayward St. 99-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna V Brook

(a) RESIDENCE NO. 3815 Hayward ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20 47

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 80 | 81 | 7 — | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph Brook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Arthur M Kreger

(Address) 3815 Haywood Ave

15 Filed ..... 19 .....

25 1928 HAMPSON JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to June 24, 1928, that I last saw h w alive on June 23, 1928 and that death occurred, on the date stated above, at 8 a m

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 8 or 9 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M Bowman Stookey, M. D.

6/25, 1928 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL June 26 1928

20 UNDERTAKER H M Newton

ADDRESS 2238 W Balto

Spec.—1-12-23—M&T—500 Blks.

E 35142

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35142

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) 4-30 St. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R Rill

(a) RESIDENCE NO. Westminister, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Emma Miller

6 DATE OF BIRTH (month, day, and year) Feb 19-1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 42 | 4 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) own farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hampstead, Md.

PARENTS

10 NAME OF FATHER Leonard Rill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Seipp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Noah W Rill

(Address) Hampstead

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-25-1928

17 I HEREBY CERTIFY, That I attended deceased from 2-17-, 1928, to 6-25-, 1928, that I last saw h alive on 6-25-28, 19, and that death occurred, on the date stated above, at 8:25 A. m.

The CAUSE OF DEATH was as follows:

Intestinal Obstruction

Faecal Fistula

Bilateral Bronchial pneumonia

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-7-28

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) E. W. Peake, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel

DATE OF BURIAL 6/27 1928

20 UNDERTAKER Edw L Tipton, Hampstead Md

ADDRESS

Spec.—1-12-23—MAT—500 Rls.

C. Frank Rhodes ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35143

## CERTIFICATE OF DEATH.

E 35143

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 N. Washington ST., 8-17 WARD)

2-FULL NAME C. Frank Rhodes

(a) RESIDENCE NO. 1702 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Willax

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 8 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Rhodes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Margaret Paff

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14

Informant Mrs. Margaret Rhodes
(Address) 1702 N. Washington St.

15

Filed ..... 19 ..... HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24- 1928

17

I HEREBY CERTIFY, That I attended deceased from March-3, 1928, to June 24, 1928, that I last saw h— alive on June 23, 1928, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Ovis —

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Metastasis - Glandules Neck & Sternal (duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of April — 28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Bonsall, M. D.

19 (Address) 12 E. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | 6/27 19 28 |

20 UNDERTAKER Henry W. Mears and Son ADDRESS 505 N. Calvert

Spec.—12-9-25—A Co.—200 Blks.

E 35144

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35144

## CERTIFICATE OF DEATH.

44

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 14-20 Ward)

2-FULL NAME Mrs. Moses Savage, M.D.

(a) RESIDENCE NO. 1720 Eutaw Place St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White Jewish | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE Celia Savage

6 DATE OF BIRTH (month, day, and year) Dec. 18, 1871

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 56 | 6 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Mrs. Celia Savage

(Address) 1720 Eutaw Place

15 Filed_____, 19_____ Registrar

JUN 25 1928 C. HAMPSON JONES, M.D.

RHH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to June 25, 1928, that I last saw him alive on June 25, 1928, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Myocardial Failure

Broncho Pneumonia (terminal)

(duration) ...yrs. ...mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 22, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Pathological

(Signed) Benj. H. Klotz, M. D.

6/25, 1928 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Balto. Hebr. Cem. | 6/27/28. |
| 20 UNDERTAKER | ADDRESS |
| Klaid Sondheim | 18-20 W. Mt. Royal Ave |

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35145

E 35145

CERTIFICATE OF DEATH.

57

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3513 Greenmount Ave St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward P. Groomes

(a) RESIDENCE NO. 3513 Gre nmount Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct 24/1848

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | 8 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of indnsiry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Joseph Curry

(Address) 3513 Greenmount Ave

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25/28 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitis (duration) yrs. mos. ds.

(Signed) J. H. Miller, M. D. (Coroner)

18 (Address) 503 E. North Ave

6/26/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Non Cathedral bc Date of Burial 6/27/28 19

20 UNDERTAKER Frank A. Fink ADDRESS 915 N Gay St

Very Important. See instructions on back of certificate.

26 1928 C. HAMILTON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

# E 35146 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

4/ E 35146

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 942 N Patterson Park Ave St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Walter Myers

(a) Residence No..... 942 N. Patterson Park Ave St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single~~ Married, ~~Widowed or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Antonnette Myers

6-DATE OF BIRTH (month, day and year) April 13/1888

7-AGE, 40 yrs. 2 mos. 13 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Trucking
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Myers

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mollie Miller

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Md

14- (Informant) Antonnette Myers

(Address) 942 N Patterson Pk Ave

15- Filed ..... 192.. Registrar.

JUN 26 1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 25/28

17- I HEREBY CERTIFY, That I attended deceased from March 3, 1928, to June 25, 1928, that I last saw h alive on June 24, 1928, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. 1 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) John J. Patrick, M. D.

6/25, 1928 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Elm, DATE OF BURIAL, June 28, 1928

20-UNDERTAKER, Thos C Miller & Son, ADDRESS 2334 Jeffer

Spec.—1-10-21—M&T—1500 Bks.

E 35147

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35147

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Paca ST. 7 WARD 24)

2-FULL NAME Mary Larkin

(a) RESIDENCE NO. 920 St Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Larkin

6 DATE OF BIRTH (month, day, and year): Aug 27 1897

7 AGE: Years 30 Months 9 Days 27 If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Peter Larkin

(Address) 920 St Paca

15 Filed 6-28 1928 C. H. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to June 24, 1928, that I last saw h[illegible] alive on June 24, 1928, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Signs & Symptoms

(Signed) Claude Alex, M. D.

6/28 1928 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 6/28 1928

20 UNDERTAKER: Chas B Kushaw & Sons — ADDRESS: 631 E Paca

Spec.—I-10-21—M&T—1500 Bks.

E 35148

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001 E 35148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 S. Fremont ave ST. 23-31 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Odessa Howard

(a) RESIDENCE NO. 1029 S. Fremont ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 10 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER John Berry

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Isabel Howard

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Sadie Howard
(Address) 1029 S. Fremont St

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928

17

I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to June 25, 1928.

that I last saw h in alive on June 23, 1928

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

June 25, 1928 (Address) 12 Hanlight Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Zion Ct | June 26 1928 |

20 UNDERTAKER L. L. Brown & Son ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 35149

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57 E 35149

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Millington ST. 7-13 WARD)

2-FULL NAME Queen Victoria Presley

(a) RESIDENCE NO. 1638 Millington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs mos da How long in U. S., if of foreign birth? yrs mos da

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 15 1904

7 AGE Years 24 Months 5 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Columbia (State or country) S.C.

PARENTS

10 NAME OF FATHER Harriet Presley

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Ida Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Francenia Pinkard

(Address) 1638 Millington

15 Filed Nov 26 1928 R.L.M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1925

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1925 to June 21, 1925, that I last saw h alive on June 21, 1925 and that death occurred, on the date stated above, at 7:45 m.

The CAUSE OF DEATH* was as follows:

Eclampsia

TOXEMIA

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Symptoms

(Signed) [illegible], M. D.

June 25, 19 (Address) 5 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kingstree S. C. DATE OF BURIAL June 26 1925

20 UNDERTAKER Mrs. P. A. Elliott ADDRESS 1725 Oakland

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35150

## CERTIFICATE OF DEATH.

31

E 35150

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1840 Lorman St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna L. Hicks

(a) RESIDENCE No. 1840 Lorman St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos Hicks

6 DATE OF BIRTH (month, day, and year): Aug. 9-1892

7 AGE — Years: 35 — Months: 10 — Days: 13 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Edw Gray

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Minnie Jones

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Minnie Gray

(Address): 1840 Lorman

....., 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. B. Lamb M. D.

(Coroner)

(Address) Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: 6/26 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1503 Pennsylvania Ave

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35151

## CERTIFICATE OF DEATH

90 E 35151

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 S Central Ave St., 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Bossintini ~~Constantini~~

(a) RESIDENCE NO. 119 S. Central Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 30 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Constantini

6 DATE OF BIRTH (month, day, and year) March 24 1885

7 AGE 43 Years 4 Months 3 Days 0 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Italy

(State or country)

PARENTS

10 NAME OF FATHER Nicholas Achenino

11 BIRTHPLACE OF FATHER (City or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER Pap

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Nicholas Bossintini

(Address) 119 S Central Ave

15 Filed JUN 26 1928 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1926 to June 24, 1928, that I last saw her alive on June 24 1928, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. J. Erlanger, M. D.

June 25 1928 (Address) 1505 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer June 27 1928

20 UNDERTAKER — ADDRESS

Mather W. C. Ruppel Inc 315 S

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Camolier

E 35152

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

162

E 35152

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 527 N Streeper ST., 7-11 (WARD)

2-FULL NAME Infant Camalier

(a) RESIDENCE (No.) 527 N Streeper ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 25 28

7 AGE

| Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William A Camalier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Angel McNeary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: William A Camalier

(Address) 527 N Streeper St

15 Filed JAN 26 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from June 25, 19 28, to June 26, 19 28, that I last saw h alive on June 26, 19 28, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

(a) Atelectasis.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Ray Lanahan, M. D.

(Address) 8 E 11 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 26 1928

20 UNDERTAKER: John B. Connelly — ADDRESS: Essex

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35153 129 E 35153

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1402 Shot Alley St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Bell

(a) RESIDENCE NO. 1402 Shot Alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | colored | widow |

5a If married, widowed or divorced HUSBAND of (or) WIFE of James Bell

6 DATE OF BIRTH (month, day, and year) 1849

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 79 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Noah Camper

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Harriet Ware

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Sarah Camper

(Address) 1402 Shot Alley

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

N 26 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1928

I HEREBY CERTIFY, That I attended deceased from May 20, 19 28, to June 24, 19 28,

that I last saw h er alive on June 24, 19 28,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6-24 1928 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashburn Cemetery — Date of Burial June 27 19 28

20 UNDERTAKER Chas. H. Johnson — ADDRESS [illegible]

Very important. See instructions on back of certificate.

E 35154

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35154

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 108 E. Exeter ST. 3-5 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Johnson

(a) RESIDENCE No. 108 E. Exeter ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 15-1908

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 20 | 5 | 6 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Rogue Johnson

11 BIRTHPLACE OF FATHER (city or town) N. C. (State or country)

12 MAIDEN NAME OF MOTHER Lula Bryant

13 BIRTHPLACE OF MOTHER (city or town) N. C. (State or country)

14 Informant Lula Johnson
(Address) 108 E. Exeter St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1928

17

I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to June 22, 1928, that I last saw him alive on June 21, 1928, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Pleurisy & Effusion.

(duration) yrs. about 3 wks mos ds.

CONTRIBUTORY (Secoudary) Influenza unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

6/23, 1928 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery — DATE OF BURIAL June 26 1928

20 UNDERTAKER C. Clarkson Jones — ADDRESS Jas. H. Johnson 4 & 6 N. Caroline St.

Spec.–7-17-26—A Co.—200 Bks.

E 35155

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49 E 35155

REGISTERED NO.

1-PLACE OF DEATH Jenkins Memorial Hospital

City of BALTIMORE: (No. St Agnes Hospital St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel O'Connor

(a) RESIDENCE NO. 1808 Rutland Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 ~~Single~~, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widow |

5a If ~~married~~, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ late Mary O'Connor

6 DATE OF BIRTH (month, day, and year) September 12 1864

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 63 | 9 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Daniel O'Connor

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Florence Hughes

(Address) 1808 Rutland Ave

15 Filed ..... 19 ..... HAMPSON JONES M. ..... Registrar

very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Apl. 23 1928 to June 25 1928

that I last saw him alive on June 25 1928

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of eye

Pantium

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/ /1922

Was there an autopsy? No

What test confirmed diagnosis? Clinical & symptoms

(Signed) Augustine P. Manhelmer M.D.

6/25/28 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial June 27 1928

20 UNDERTAKER Geo J Jenkins & Son Co ADDRESS Baltimore Md

Spec.—1-10-21—M&T—1500 Bks.

E 35156 HEALTH DEPARTMENT—CITY OF BALTIMORE V 35156

CERTIFICATE OF DEATH. 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 E Biddle St. 11-15 WARD)

2-FULL NAME Alice Beatrice Fitzgerald

(a) RESIDENCE NO. 428 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1916

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 12 | 4 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget McConnick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant John Fitzgerald (Address) 428 E Biddle St.

15 Filed 2 8 1928, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from 11/13/27, 19..., to 6/25, 1928, that I last saw her alive on 6/24, 1928 and that death occurred, on the date stated above, at 1.00 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Myo - & Endo - carditis

(duration) 2 to 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff.

Pulm. Oedema (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Dyer, M. D.

, 19 (Address) 2802 Sherford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 6/27 1928

20 UNDERTAKER H. C. Brannon & Son — ADDRESS 1836 Poplar Grove St.

THIS IS very important. See instructions on reverse side.

Spec.-7-17-26--A Co.--200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35157

## CERTIFICATE OF DEATH

100-001 E 35157

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1541 Poplar Grove St.) 16-68 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Verona Carickson

(a) RESIDENCE NO. 1541 Poplar Grove St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Wm H. Carickson

6 DATE OF BIRTH (month, day, and year) April 26 1865

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 63 | 1 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General natnre of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Queen Annes Co. Md.

PARENTS

10 NAME OF FATHER — Casey

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda A. McGinnis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Wm H. Carickson

(Address) 1541 Poplar Grove St

15 Filed JUN 26 1928 19 HAMPSON JONES, M. D. Registrar

By [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 16 1928 to June 25th 1928

that I last saw her alive on June 24th 1928

and that death occurred, on the date stated above, at 7 15 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy M. D.

(Address) 428 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem — Date of Burial JUN 27 1928 19

20 UNDERTAKER Geo W Little — ADDRESS

very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35158 — 1-PLACE OF DEATH

114 — E 35158 — REGISTERED NO.

CITY OF BALTIMORE: (No. 2111 Penrose Ave — S. 20-69 — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. M. Smith

(a) RESIDENCE. NO. 2111 Penrose Ave ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Eliz Smith

6 DATE OF BIRTH (month, day, and year) Sept 12-1842

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 85 | 9 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bacts City

PARENTS

10 NAME OF FATHER J. Mathias Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sophia Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant George Smith
(Address) 2111 Penrose Ave

15 Filed JUN 26 1928, 19 — C. HAMPSON JONES, M. D. Registrar
By: [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1928, to June 25, 1928, that I last saw h... alive on June 24, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. 2 mos. 29 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robt. J. Murray, M. D.

6-25, 1928 (Address) 1510 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | June 27 1928 |

20 UNDERTAKER Harry W. Ehlen — ADDRESS 1744 North Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

46 E 35159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1611 W. North Ave. (ST.) 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della Stitcher

(a) RESIDENCE No. 1611 W. North Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Stitcher

6 DATE OF BIRTH (month, day, and year) March 1st. 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 53 | 3 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Parrish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Emma Hartzell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant William P. Stitcher.

(Address) 1611 W. North Ave.

15 Filed JUN 26 1928 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24th. 19 28

17 I HEREBY CERTIFY, That I attended deceased (from) Oct 26 19 27 to June 27 19 28

that I last saw h alive on June 23 19 28

and that death occurred, on the date stated above, at 5-P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Melancholia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) D. E. Linn, M. D.

6-26-28 (Address) 6111 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery.

DATE OF BURIAL June 27. 19 28.

20 UNDERTAKER Chas. E. Traub & Son

ADDRESS 1181 W. Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 35160

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35160

## CERTIFICATE OF DEATH.

REGISTERED NO. 1601

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. ST., 18-N WARD)

2-FULL NAME Mary Lou Goldsborough

(a) RESIDENCE NO. 1207 Edmondson Ave, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 23 '28

7 AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER James Goldsborough Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann Peach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Goldsborough (Address) 1207 Edmondson Ave,

15 Filed . 19 Registrar

P.C. 1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from June 23 . 1928 to June 25 . 1928.

that I last saw her alive on June 25 . 1928

and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs., mos ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Margaret B. Ballard M. D.

6/26. 1928 Address Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 6/26 1928

UNDERTAKER: Chas. S. Ware & Son — ADDRESS: 1151 Druid Royal Ave

Spec.—1-10-21 M&T 1500 Bks.

# E 35161 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35161

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 E. Madison St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loney Edmunds

(a) RESIDENCE No. 1220 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| De | B | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 1893

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 35 | | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C

PARENTS

10 NAME OF FATHER Ayden Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ne

12 MAIDEN NAME OF MOTHER Nancy Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ne.

14 Informant Dalton Edmonds

(Address) 1220 E. Madison St

15 Filed JUN 26 1928 19 HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-24-1928

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1928, to June 18, 1928, that I last saw h[illegible] alive on June 18, 1928, and that death occurred, on the date stated above, at 7 00 A. m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary Tb.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

6/26, 1928 (Address) 703 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery — DATE OF BURIAL June 27 1928

20 UNDERTAKER Robert S. Wallace — ADDRESS 1515 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

E 35162

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3010 Wayne Ave WARD)

2-FULL NAME Carrie Estella Peare

(a) RESIDENCE NO. 3010 Wayne Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Peare

6 DATE OF BIRTH (month, day, and year): Aug. 29, 1860

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 9 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): El Dorado Wis.

PARENTS

10 NAME OF FATHER: Charles Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Betsy Ann ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland.

14 Informant: Dr. C. N. Peare

(Address): Morehouse Mo

15 Filed 6-28 1928 19. C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1928 to June 25, 1928

that I last saw h alive on June 25, 1928

and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis. -

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema -

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. C. Emmi M. D.

(Address) 6111 B. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carrollton Ill

DATE OF BURIAL: June 27, 1928

20 UNDERTAKER: Wm Buckner Sons

ADDRESS: Rockford

Spec.—8-24-14—M. & T.—2000 Blks.

E 35163

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161 E 35163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children Hospital Ward 1 ST. 13-57 WARD

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon Thomas Foster

(Residence in Baltimore: No. 3846 Quarry Ave. St.; yrs., 3 mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 17 (Day), 1925 (Year)

7-AGE, 3 yrs. 3 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Vernon Thomas Foster

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Fanny L. Wood.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vernon T. Foster

(Address) 3846 Quarry Ave

15-

Filed ..... 1928 C. HAMPSON JONES, M. D. Registrar.

6 1928

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 24 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 3/18/28 191 , to 6/24/28 191 , that I saw h[illegible] alive on 6/24/28 191 , and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Post operative Shock

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Birth injury

(Duration) 3 yrs. 3 mos. 7 ds.

(Signed) John Volpe M. D.

June 24, 1928. (Address) Children Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 3 mos. ... ds. In the State 3 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, June 27, 1928

20-UNDERTAKER Thanowetheon

ADDRESS 3615 Chestnut Ave

Spec.—1-12-23—M&T—500 Bks.

E 35164

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35164

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward) 23-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Scott

(a) RESIDENCE No. 924 Peach Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lizza Chaplam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address)

15 Filed JUN 26 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to June 22, 1928, that I last saw him alive on June 22, 1928, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) L. Lumsden, M. D.

6-23-28 Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

JUN 26 1928

Spec.—1-12-23—M&T—500 Bks.

Kordonski ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35165 E 35165

## CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 S. Bunting ST., 1 WARD)

2-FULL NAME Walenty Kordonski

(a) RESIDENCE NO. 1117 S. Bunting ST., 1 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? 75 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Wojciech Kordonski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Catherine Kordonski
(Address) 1117 Bunting St

15 Filed 28 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25. 19 28

17

I HEREBY CERTIFY, That I attended deceased from June 16, 19 28, to June 25, 19 28,

that I last saw h— alive on June 25, 19 28

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Walenty Kordonski, M. D.

6/25, 19 28 (Address) 75 79 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary Cem | June 28 19 28 |
| 20 UNDERTAKER Weiskopf & Stathoudakis | ADDRESS Fort Ave |

Spec.—1-10-21—M&T—1500 Bks.

(Maglidt)

E 35166

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35166

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... ST. 6 WARD 31)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Maglidt

(a) RESIDENCE NO. Riderwood, Md. ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmira J. Maglidt

6 DATE OF BIRTH (month, day, and year) Sept 15 1844

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | 9 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Maglidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Wm. Maglidt (Address) 1605 Broadway

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

6 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25 1928

17 I HEREBY CERTIFY, That I attended deceased from 4/6 1928 to 6/25 1928, that I last saw h alive on 6/25 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

Bronchopneumonia

(DBN)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fracture of femur

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

6/25 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Cem. DATE OF BURIAL June 27 1928

20 UNDERTAKER J. Ed. Burns Sons ADDRESS Towson

Spec.—1-12-23—M&T—500 Bks.

E 35167

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35167

## CERTIFICATE OF DEATH.

REGISTERED NO. 72

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS [illegible] ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Virgna

(a) RESIDENCE No. 924 W. Eutaw Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | ? |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Virgna

6 DATE OF BIRTH (month, day, and year) May 26 53

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Augusta Virgna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant BALTIMORE CITY HOSPITALS

(Address) Records

15 Filed 6-26-1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25/1928

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to June 25, 1928

that I last saw him alive on June 25, 1928

and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Insipidus

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Sad

(Signed) C. Hampson Jones, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 6/28 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Wood

Spec.—1-12-23—M&T—500 Blks.

E 35168

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35168

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General ST., (5th) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Heldmann

(a) RESIDENCE NO. 1419 N Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: George Heldman

6 DATE OF BIRTH (month, day and year): May 16, 1862

7 AGE: 66 Years; Months 1; Days 10; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Louis Klunk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Louis Heldman

(Address): 1419 N. Fulton Ave

15 Filed 6 26 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1928

17

I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to June 26, 1928, that I last saw her alive on June 26, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Toxemia of obstruction

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schenker, M. D.

, 19 (Address) W. B. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 6/28 19 28

20 UNDERTAKER: William Cook — ADDRESS: 582 E North Ave

pec.—2-29-28—L. F. S.—500 Bks.

E 35169

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35169

1—PLACE OF DEATH

REGISTERED NO. 15-58

CITY OF BALTIMORE: (No. 4533 Pimiclo Road ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine Grinder

(a) RESIDENCE NO. 4533 Pimiclo Road, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzio Grinder

DATE OF BIRTH (month, day, and year) Aug. 30. 1846

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 9 | 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Patrick Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J. Blach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant William J. Kimmel

(Address) 109 Oak Drive, Catonsville

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June, 25th, 28

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to June 25, 1928, that I last saw h alive on June 24, 1928, and that death occurred, on the date stated above, at 2.30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Allen S Baker, M. D.

19 (Address) 754 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Emmitsburg, Maryland. | 6-27. 1928 |

20 UNDERTAKER William Cook

ADDRESS 502, E, nth,

Cor.—12-9-25—A Co.—200 Bks.

E 35170

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-08 ✓ E 35170

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 527 N. Patterson Park Ave Ward) 7-10

2-FULL NAME Lula Swift

(a) RESIDENCE NO. 527 N. Patterson Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | C | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23/26

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 6 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER SidneySwift

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Springfield, Ohio

12 MAIDEN NAME OF MOTHER Mary Jackson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mother Mary Swift

(Address) 527 N. Patterson Park Ave

15 Filed 6/28/28 19 C. HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner)

6/25/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Asbury Cemetery — 6/27/28

20 UNDERTAKER — ADDRESS

Byron Wright 1218 McElderry St

Spec.—2-29-28—L. F. S.—500 Blks.

214853

E 35171

# HEALTH DEPARTMENT—CITY OF BALTIMORE

139 E 35171

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C. Jones

(a) RESIDENCE NO. 216 N Montford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | black | Widowed |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1879

| 8 AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| — | 49 | — | — | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jack Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed JUN 27 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from June 7, 19 28, to June 25, 19 28, that I last saw h.r alive on June 25, 19 28, and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Myxoma uteri

multilocular cyst.

(duration) 3+ yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ? block

(duration) — yrs — mos. ½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 25/VI/28

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) William H. Welker, M. D.

26/VI/1928 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Asbury cemetery | June 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Milton Davis | 413 N Eden St |

Soc.—2-29-28—L. F. S.—500 Bks.

B 35172 HEALTH DEPARTMENT—CITY OF BALTIMORE 5 E 35172

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Roberts —

(a) RESIDENCE NO. 204 N. Wallas ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Oak

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va —

10 NAME OF FATHER Abraham —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va —

12 MAIDEN NAME OF MOTHER Emma Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va —

4 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

5 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25-28

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to June 25, 1928, that I last saw her alive on June 25, 1928 and that death occurred, on the date stated above, at 6 50 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure, rheumatic endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) S. G. Stewart, M. D.

6/25, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Calvary Cemetery | June 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Milton Davis | 1013 E Eden St. |

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35173

## CERTIFICATE OF DEATH.

14-001

E 35173

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Poplargrove St. 16-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth J Grant

(a) RESIDENCE NO. 1417 Poplargrove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | N | W |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J Grant

6 DATE OF BIRTH (month, day, and year) Nov 24 58

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 7 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER J P Merritt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Heritage

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Bessie Grant

(Address) 1417 Poplargrove St

15 Filed 19 Registrar

27 1928 C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 17 1927 to June 25 1928

that I last saw he alive on June 24 1928

and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis & Hypertension

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 10 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Laurence B. Sheldon, M. D.

6/26 1928 (Address) 412 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL June 27 1928

20 UNDERTAKER W M Kontzen

ADDRESS 223 S Paca St

TION is very important See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35174

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

100-001 E 35174

REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Brmec

(3) RESIDENCE NO. 2324 Eager Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | Wh ite | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1/20

| 7 AGE Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| | | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Brmec

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sophia Roubal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Mother

(Address)

15 Filed ....., 19.... Per ..... Registrar

E 7 1926 C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Probably Broncho)

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Mongolism

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Powers (Coroner) M. D.

6/21/20 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial June 22 1920

20 UNDERTAKER Gude Brothers Son ADDRESS 1906 Columbia

Spec.—1-12-23—M&T—500 Bks.

E 35175

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1 E 35175

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 E. Madison St 10-13 WARD)

2-FULL NAME Ida B. Nicholson

(a) RESIDENCE No 1411 E. Madison ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Geo. E. Nicholson

6 DATE OF BIRTH (month, day, and year): May 14-1871

7 AGE: Years 57 Months 1 Days 6 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Daniel T. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Jane E. Shiver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Geo. E. Nicholson
(Address) 1411 E. Madison St.

15 Filed JUN 27 1928 HAMPSON JONES, M. D. Registrar
By: R.M.C.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to June 25, 1928, that I last saw h[illegible] alive on June 25, 1928, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage & Paralysis Hypertension 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

6/27/28 (Address) 1429 E monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 6/29 1928.

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 416 N. Caroline St

Spec.—1-12-23—M&T—600 Bks.

E 35176

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35176

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Libby Heights Ave. WARD) 15-58

2-FULL NAME Closse Grollman

(a) RESIDENCE NO. 2408 Liberty Heights Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Grollman

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 62 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lewis

(Address) 1739 E Balto.

15 Filed JUN 27 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/ 27, 19 27, to 6/27, 19 28, that I last saw h live on 6/27, 19 28, and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

Arteriosclerosis —

(duration) Some yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) David Francis, M. D.

6/27 19 28 (Address) 1722 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. View Washington Rd. DATE OF BURIAL 6-27- 1928

20 UNDERTAKER Jack Lewis, ADDRESS 1739 E Balto

Spec.—1-12-23—M&T—500 Blks.

35177

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

124 E 35177

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Ausquith ST. 5-8 WARD)

2-FULL NAME Aaron Hart

(a) RESIDENCE NO. 118 Ausquith ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 18 yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benny Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sophia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis
(Address) 1439 Balto.

15 Filed ....., 19 ..... Registrar

HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/1, 1926, to 6/27, 1928, that I last saw h[illegible] alive on 6/27, 1928, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis
arteriosclerosis -
Chronic nephritis

(duration) ..... yrs. — mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Consultation

(Signed) Dan Brandeau, M. D.

6/27, 1928 (Address) 1224 See St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Mt Carmel — DATE OF BURIAL 6-27 1928

20 UNDERTAKER Jack Lewis, 1439 Balto — ADDRESS

Dec.—2-29-28—L. F. S.—500 Bks.

0/2262 E 35178

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35178

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 79 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles H. Lawrence

(a) RESIDENCE NO. Batom Path - Flast., WARD
(Usual place of abode). (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Humphreys Lawrence

DATE OF BIRTH (month, day, and year) Nov 6 1879

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 6 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Illinois —

10 NAME OF FATHER Joseph Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) U-4-

12 MAIDEN NAME OF MOTHER Alice Wyman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Illinois

14 Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 - 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1928, to June 27, 1928, that I last saw h. alive on June 27, 1928 and that death occurred, on the date stated above, at 7 5-0 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Left Frontal, Glioma Recurrent (Benign)

(duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? Yes Date of 5/7/27

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) Christopher Johnston, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Wabasha Minn | June 27 1928 |

20 UNDERTAKER John O Mulcahy and Sons ADDRESS 1900 Eutaw Place

Spec.—12-9-25—A Co.—200 Bks.

(Borrille)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35179

CERTIFICATE OF DEATH.

161-00V

E 35179

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 220 E. Barney St. 24 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr Hanna Borelle

(a) RESIDENCE NO. 220 E. Barney St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27 1928

7 AGE: Years | Months X | Days | IF LESS than 1 day.....hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Hanna Borelle

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Agnes Kelly

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Balto

14 Informant Mrs Borelle

(Address) 220 E. Barney St.

15 Filed C. HAMPSON JONES, M. D. 1928

16 No. 1226 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to June 27, 1928

that I last saw h[illegible] alive on June 27, 1928

and that death occurred, on the date stated above, at 7-20 m.

The CAUSE OF DEATH* was as follows:

Abnormal Presentation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Campbell M. D.

1928 (Address) 164 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: June 28 1928

20 UNDERTAKER: Margaret L. Flynn ADDRESS: 1422 Light St.

E 35180

HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH.

8 E 35180

1-PLACE OF DEATH

City of BALTIMORE: (No. Rear Pier 1 Pratt St., Ward 1128)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Prescott

(a) RESIDENCE NO. 431 S Parrish St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 12 1887

7 AGE: Years 4 Months 1 Days 3

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Oliver Prescott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah M. Parker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Mary E. Conover

(Address) 431 S. Parrish St.

15 Filed ..... 19 .....

Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26th 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

accidental

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Reilly, M. D.

(Coroner)

19 (Address) 1639 Bryden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial June 27 28

20 UNDERTAKER: Harry A. Wirzle ADDRESS 1534 W. Lombard St

Very Important. See Reverse Side for Additional Information

C. HAMPSON JONES, M.D.

JUN 27 1928

RFA

Spec.—1-12-23—M&T—500 Blks.

E 35181

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35181

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 14-28 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Hildebrand (Montague)

(a) RESIDENCE NO. 436 S. Gilmor ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. LIFE mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Wm.E.Montague

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 54 | 4 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James Fitzsimmons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Garby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Jennie Ordwein

(Address) 278 Vyse Ave, N.Y.

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25 1928

17

I HEREBY CERTIFY, That I attended deceased from 3/23, 1928, to 6/25, 1928

that I last saw her alive on 6/25/28, 19 ,

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Cachexia of malignancy

(duration) yrs. 3- mos ds.

CONTRIBUTORY (Secondary) Papillary carcinoma of bladder (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 4/17/28

Was there an autopsy? — No

What test confirmed diagnosis? — Clinical

(Signed) Charles E. Hampson Jones M. D.

6/25/28 (Address) Univ. Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 6/28/28

20 UNDERTAKER Harry L. Witzke

ADDRESS 1531 W. Lombard

Spec.–7-17-26—A Co.—200 Bks.

E 35182

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35182

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO.

City of BALTIMORE: (No. Cor. Fulton & Madison St., 13-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Suter

(a) RESIDENCE NO. 3952 Elm Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 3 How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Baby |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ,,

6 DATE OF BIRTH (month, day, and year) June 22, 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | | | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. Richard Suter

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Johanne Strickland

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant Hospital Records

(Address)

15 Filed , 19 Registrar

27 1928 2575

RFA

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to June 25, 1928.

that I last saw her alive on June 25, 1928

and that death occurred, on the date stated above, at 2 15 a.m.

The CAUSE OF DEATH* was as follows:

1 Immaturity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Jno. Dorsey Kerr M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

JUN 27 19

HAMPSON JONES, M.D. Commissioner of Health

Per Wm. E. WOODALL

very important. See instructions on back of certificate.

Spec.–7-17-26–A Co.–200 Bks.

E 35183

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35183

## CERTIFICATE OF DEATH

38

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 402 Myrtle av St. 7-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kimball

(a) RESIDENCE NO. 402 Myrtle av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | Col. | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kimball

6 DATE OF BIRTH (month, day, and year) Dec-1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....m.. |
|---|---|---|---|---|
| | 40 | 6 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Robt Fisher

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Wing

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant John Fisher

(Address) 706 W. Fairmont

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/18 1928 to 6/25 1928

that I last saw h.. alive on 6/23 1928

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions

(duration) yrs. 1 mos. ds.

CONTRIBUTORY Chr. Interstitial Nephritis (duration) Abt yrs. mos. ds.

(Secondary) (Primary or Principal)

18 Where was disease contracted

If not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Mind

(Signed) Jno Fowler M. D.

6/27 1928 (Address) 908 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 6/27/28

20 UNDERTAKER Dennis Eastern ADDRESS 916 Park ave

very important. See instructions on back of certificate.

27 1928 C. THOMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 35184

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35184

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S Furrow St ST. 20-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Clark

(a) RESIDENCE NO. 328 S Furrow St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John H. Clark

6 DATE OF BIRTH (month, day, and year): Sept 1/1905

7 AGE: Years 22 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Dunbrook Va.

PARENTS

10 NAME OF FATHER: John Shackelford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sallie Rowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: John H. Clark

(Address): 328 S Furrow St

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1925

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1925, to June 26, 1925, that I last saw h alive on June 26, 1925, and that death occurred, on the date stated above, at 5.00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

Both Lungs.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings.

(Signed) Allen W. Hill M. D.

6/27, 1925 (Address) 1712 Eye St N W.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Howertons Cem Essex Co. Va.

DATE OF BURIAL: June 30 1925

20 UNDERTAKER: Harry R. Annacost

ADDRESS: 4204 Ridgewood Ave

Spec.—1-12-23—M&T—500 Bks.

E 35185

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001 E 35185

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No. 1913 E. Thirty Second ST., 7-13 WARD)

**2-FULL NAME** Ohlana Voelker

(a) **RESIDENCE** No. 900 Rutland Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Voelker

6 DATE OF BIRTH (month, day, and year) July 26, 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 11 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Lemka

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14

Informant Mrs Mary Ebersberger
(Address) 1913 E. Thirty Second St.

15

Filed 7 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1928

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to June 26, 1928, that I last saw her alive on June 26, 1928, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J. Green, M. D.

6-27, 1928 (Address) 120 Cresgiel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL June 29, 1928

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 125 E. North ave.

Spec.—1-12-23—M&T—500 Blks.

E 35186

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35186

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 417 E.Biddle Street (St.) (11-15) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Harry Herbst

(a) RESIDENCE NO. 417 E.Biddle Street ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 82 yrs. 1 mos. 24 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M.Herbst

6 DATE OF BIRTH (month, day, and year) May-2-1846

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min |
|---|---|---|---|---|
| | 82 | 1 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Glenrocks

(State or country) Penna.

PARENTS

10 NAME OF FATHER William H.Herbst

11 BIRTHPLACE OF FATHER (city or town) ? ?

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known

(State or country) Not Known

14 Informant Mr.Charles E.Herbst (Son)

(Address) 3804 Stratmore Ave.

15 Filed ..., 19 Registrar

C. HAMPSON JONES, M. D.

RCK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1928

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1927, to June 26, 1928,

that I last saw him alive on June 26, 1928

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Senile Gangrene, Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. H. Mueller, M. D.

, 19 (Address) 4037 Falls Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL June-29-28

20 UNDERTAKER STEWART & MOWEN COMPANY

ADDRESS 208 W. NORTH AVE

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 35187. HEALTH DEPARTMENT—CITY OF BALTIMORE E 35187

CERTIFICATE OF DEATH. 34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 S. Charles St. 24-34 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace E. King.

(a) RESIDENCE. NO. 1839 S. Charles St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs mos. ds

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July, 22, 1913

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 14, | 11, | 4. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At school.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Belto. Md.

PARENTS

10 NAME OF FATHER Middleton King.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Susie E. Hendricks.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Susie E. King, (Mother).
(Address) 1839 S. Charles St.

15 Filed 6/28, 1928. C. HAMPSON JONES, M. D. Registrar
By DRH

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 16th, 1928, to June 22nd, 1928, that I last saw her alive on June 22nd, 1928, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

Toxemia, Acute Myocarditis, Pulmonary Congestion

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory Examination

(Signed) Paul Snyder, M. D.

19 (Address) 1634 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cem. DATE OF BURIAL: June 27 1928

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E. Fort Ave

Spec.—1-12-23—M&T—500 Blks.

E 35188

# HEALTH DEPARTMENT—CITY OF BALTIMORE

10-00 V

E 35188

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilmer Goss, Jr.

(a) RESIDENCE NO. 1019 Russell ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 11. 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 1 | 6 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Wilmer Goss, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philadelphia Penn.

12 MAIDEN NAME OF MOTHER Edna Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Philadelphia Penn.

14 Informant Wilmer Goss, Sr.

(Address) 1019 Russell St.

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to June 26, 1928, that I last saw him alive on June 26, 1928 and that death occurred, on the date stated above, at 8 55 p. m.

The CAUSE OF DEATH* was as follows:

Nasal & Laryngeal diphtheria

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Respiratory obstruction

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 6-26-28

Was there an autopsy? No Intubation

What test confirmed diagnosis? Clinical

(Signed) Dr. I. L. Levin, M. D.

6-27 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 6/28 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

1928 C. HAMPSON JONES, M. D.

RPW

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Settle Ind Ave

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35189

## CERTIFICATE OF DEATH

90 E 35189

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2434 Maryland St., Ward 12-51)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susan Ruckle

(a) RESIDENCE NO. 2434 Maryland Ave ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Ruckle

DATE OF BIRTH (month, day, and year) Jan 15-1847

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 5 | 11 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Edwin W. Ruckle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Susan Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Fannie Campbell

(Address) 2434 Maryland

15 Filed 27 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26-28

17 I HEREBY CERTIFY, That I attended deceased from May 26, 19 28, to June 26, 19 28, that I last saw h[illegible] alive on June 26, 19 28 and that death occurred, on the date stated above, at 845 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

CONTRIBUTORY (Secondary) Cerebral Thrombosis (duration) 1 yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. M. Settle M. D.

6/27 19 28 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 6/29 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E North

pec.—2-29-28—L. F. S.—500 Bks.

C E Clark

E 35190

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

32 - E 35190 - 90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4434 Wrenwood (St.) (Ward) 22nd

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John M Eads

(a) RESIDENCE NO. 4434 Wrenwood St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rose C Eads

DATE OF BIRTH (month, day, and year) July 4-1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 60 | 11 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Indiana

10 NAME OF FATHER Lewis Eads

11 BIRTHPLACE OF FATHER (city or town) (State or country) Indiana

12 MAIDEN NAME OF MOTHER Mollie Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indenna

14 Informant Rose C Eads

(Address) 4434 Wrenwood

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26-28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5 1926, 19..., to June 26 1928, 19..., that I last saw h. in alive on June 25 1928, 19..., and that death occurred, on the date stated above, at 7.50 A.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) One yrs. 7 mos. 25 ds.

CONTRIBUTORY (Secondary) General Anasarca

(duration) ..... yrs. ..... mos. 20 ds.

18 Where was disease contracted if not at place of death? Plac of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Charles E. Clark, M. D.

6/26/28 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 6/29 1928

20 UNDERTAKER William Cook

ADDRESS Sole Valley

pec.—2-29-28—L. F. S.—500 Bka.

Dr Steelman

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35191

## CERTIFICATE OF DEATH

E Biddle

49 E 35191

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 751 Melville Ave ST., 46 WARD)

2—FULL NAME Mary A. Lauterback

(a) RESIDENCE NO. 751 Melville Ave ST., ..... WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George E.

DATE OF BIRTH (month, day, and year) Oct 11-1863

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 8 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimor Md
(State or country)

10 NAME OF FATHER Joseph Parsons

11 BIRTHPLACE OF FATHER (city or town) Baltimor Md
(State or country)

12 MAIDEN NAME OF MOTHER Perrittie Hardester

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant John S. Lynch
(Address) 761 Melville Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D.
27 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26-1928

17 I HEREBY CERTIFY, That I attended deceased from Jany 31, 1927, to June 26, 1928, that I last saw h[e] alive on June 26, 1928 and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchiale

..... (duration) — yrs. 8 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Hubert F. Steelman, M. D.

. 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 6/29 1928

20 UNDERTAKER Williams Cook — ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 35192

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 J

E 35192

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Cedar Ave. ST. 13-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter W. Wilson.

(a) RESIDENCE NO. 3015 Cedar Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Wilson

6 DATE OF BIRTH (month, day, and year) March 1, 1843

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 85 | 3 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Railroader.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 [redacted]mant Mary J. Wilson

[redacted]ress) 3015 Cedar Ave

15 Filed ..., 19 [illegible] Registrar

[illegible] HAMPTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1926, to June 26, 1928,

that I last saw h[illegible] alive on June 26, 1928,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic myocarditis & Nephritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical findings

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 823 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden.

DATE OF BURIAL June 28/28

20 UNDERTAKER [illegible]

ADDRESS 2615 Elmer [illegible]

JUN 28 1928

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35193

## CERTIFICATE OF DEATH.

76 E 35193

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. [illegible] WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Wilson

(a) RESIDENCE No. 1111 Rhuelds Ave WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Wilson

6 DATE OF BIRTH (month, day, and year) ? 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 47 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 BALTIMORE CITY HOSPITALS
Informant
(Address) Records

15 Filed ....., 19 C. HAMILTON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26/1928

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to June 26, 1928

that I last saw h alive on June 26, 1928

and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

General paresis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) myocarditis, chronic

acute (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General + Sero

(Signed) C. Holmes Bruce, M. D.

, 19 (Address) BALTIMORE CITY

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL 6/28 1928

UNDERTAKER Edward Eastern ADDRESS 916 Druid Park Ave

Spec.—1-10-21—M&T—1500 Bks.

E 35194

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35194

160

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 N. Vincent ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Leroy Dennis

(a) RESIDENCE NO. 1516 N. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2. 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | | 2 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. md.
(State or country)

PARENTS

10 NAME OF FATHER John Dennis

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Lillie Wesley 6-27-1928

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant John Dennis
(Address) 1516 N. Vincent

15 Filed , 19 C. HAMILTON JONES, M. D. Registrar

By

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1928

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1928, to June 26, 1928, that I last saw h[illegible] alive on June 26, 1928, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumothorax.
(Pachutis)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Lautenbach M. D.

(Address) 2215 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brea Cemetery

DATE OF BURIAL 6/27 1928

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pleasant St

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35195

## CERTIFICATE OF DEATH

E 35195

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1414 Lafayette Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucinda Jones

(a) RESIDENCE NO. 1414 Lafayette Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. ½ mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Jones

6 DATE OF BIRTH (month, day, and year): 1871.

7 AGE: Years 57 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farming do

(b) General nature of industry, business, or establishment in which employed (or employer): Farming

(c) Name of employer: [illegible] Lancaster Co. Va.

9 BIRTHPLACE (City or town) (State or country): Lancaster Co. Va.

PARENTS

10 NAME OF FATHER: Peter Jones

11 BIRTHPLACE OF FATHER (City or town) (State or country): Lancaster Co. Va

12 MAIDEN NAME OF MOTHER: Sarah Jackson

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Lancaster Co. Va

14 Informant: Mrs. Eliza Jones

(Address) 1414 Lafayette Ave

15 Filed ..... 19 ..... Registrar

JUN 26 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25th 19 1928

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1928, to June 25th, 1928, that I last saw h[illegible] alive on June 25th, 1928, and that death occurred, on the date stated above, at 7.25 p m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 715 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial 6/28 1928

20 UNDERTAKER: Thomas E. Kelso — ADDRESS 1803 Madison Ave

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

128 E 35196

1—PLACE OF DEATH

REGISTERED NO. 128 E 35196

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2—FULL NAME Louise Adams Bond

(a) RESIDENCE NO. 607 N. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | married |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sherman

DATE OF BIRTH (month, day, and year) 10-25-1904

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23 | 8 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

10 NAME OF FATHER Jos White

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Palie McGowan

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

CAMPBELL JONES, M.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25-28

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to June 25, 1928, that I last saw her alive on June 25, 1928 and that death occurred, on the date stated above, at 4 05 P. m.

The CAUSE OF DEATH* was as follows:

Subacute Hemorrhagic Nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Hypertension, Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L Stewart, M. D.

19 (Address) J. H. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| asbury cemetery | June 28 1928 |
| 20 UNDERTAKER Edward Bryan | ADDRESS 1631 orleans st |

Spec—12-20-21—E.B.R.S.—400 Blks.

# E 35197 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

12 9 E 35197

1-PLACE OF DEATH

City of BALTIMORE: (No. 6207 Walnut Lane (Cedarcroft) St., 27-48 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret Ella Hannay

(a) Residence No. 6207 (Usual place of abode) Walnut Lane St., Ward.

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND OR WIFE of Winfield S. Hannay

6-DATE OF BIRTH (month, day and year) Mch 17-1853

7-AGE. 75 yrs. 3 mos. 14 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home

(b) General nature of Industry, business, or establishment in which employed (or employer). 03

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Edward J. Gorn

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Sophia A. Petticord

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Mrs. Helen Matthews

(Address) 6207 Walnut Lane

15- Filed JUN 28 1928 HAMPSON JONES, M. D. Registrar.

By

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 26-28

17- I HEREBY CERTIFY, That I attended deceased from June 27 19 28 to June 26 19 28

that I last saw h. alive on June 25 19 28

and that death occurred, on the date stated above, at 12.15 Am.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chr Int Nephritis, Chr Myocarditis, Hyp Blind Psuse

(Duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. K. Bayley M. D.

June 26, 1928 (Address) 501 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. June 28 19 28

20-UNDERTAKER. Hughes & Jones Inc

ADDRESS 4st N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35198

## CERTIFICATE OF DEATH.

47 E 35198

REGISTERED NO. 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Fenwick Ave ST., WARD)

2-FULL NAME Katherine Carter

(a) RESIDENCE NO. 2710 Fenwick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: E. Hamilton Carter

6 DATE OF BIRTH (month, day, and year): Aug 10 1881

7 AGE: Years 46 Months 10 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Hofferberth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant E Hamilton Carter

(Address) 2710 Fenwick Ave

15 Filed JUN 26 1928 19 C. HAMPTON JONES, M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1928

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to June 27, 1928,

that I last saw her alive on June 26, 1928,

and that death occurred, on the date stated above, at 11:20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) metastases spine

abdomen (duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5 yrs. ago.

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Ira B. Dyer, M. D.

19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: June 30 1928

20 UNDERTAKER: Myers & Jones Inc

ADDRESS: 414 N. Broadway

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35199

## CERTIFICATE OF DEATH.

45 E 35199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1617 E North. ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth S. Hall.

(a) RESIDENCE NO. 1617 E. North ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word) |
|---|---|---|
| F | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cary D. Hall.

6 DATE OF BIRTH (month, day, and year) Aug. 9. 1852.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | 10 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James M. Gill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. County.

12 MAIDEN NAME OF MOTHER E. R. Stansbury.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Cary D. Hall.

(Address) 1617 E North ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to June 25, 1928, that I last saw her alive on June 25, 1928 and that death occurred, on the date stated above, at 5 45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Mediastinum
Terminal Pneumonia.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) General Debility

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Examination

(Signed) Albert E. Singewald, M. D.

6/26/1928 (Address) 163 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery.

DATE OF BURIAL 6/28/1928

20 UNDERTAKER Geo. L. Ruth

ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35200 ✓ E 35200

## CERTIFICATE OF DEATH.

49

E 35200

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1285 William St. ST. 24-33 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest White,

(a) RESIDENCE NO. 1285 William St. ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Susan R. White,

6 DATE OF BIRTH (month, day, and year) March 24, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 3 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam Fitter. Self

(b) General nature of industry, business, or establishment in which employed (or employer) Foreman,

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salisbury Md.

PARENTS

10 NAME OF FATHER Severn White,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury Md.

12 MAIDEN NAME OF MOTHER Henriette Galoway,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury Md.

14 Informant Mrs Susan R White (Address) 1286 William St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 26 1928 19

17

I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1928, to June 24, 1928,

that I last saw him alive on June 24 1928,

and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate with Metastases

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cachexia + Secondary Anemia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of May 31, 1928

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam of Specimen

(Signed) J. A. Colton M. D.

, 19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Libertytown Md

DATE OF BURIAL JUN 29 1928 19

20 UNDERTAKER Geo M Little

ADDRESS

TION is very important. See instructions on back.

JUN 28 1928 C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 35201

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

117 ✓ E 35201

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkin Hospital 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Parkinson

(a) RESIDENCE NO. 146 Colvin St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | col | widow |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------Parkinson

6 DATE OF BIRTH (month, day, and year) Jan 31, 1885

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 43 | 4 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Webster

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Sarah KKKKK

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Edna Locks

(Address) 1302 Jefferson St

15 Filed 6/28 19 28 HARRY JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Probably Acute Appendix

(duration) ....yrs. ....mos. 7 ds.

(Signed) J. H. Cullen, M. D.

(Coroner)

6/27/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial June 29 1928

20 UNDERTAKER Mrs J. E. Locks ADDRESS 1302 Jefferson

Very Important. See Instructions on back of this Certificate

Spec.—12-9-25—A Co.—200 Bks.

E 35202 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-E 35202

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 N. Ann St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Daniel Simmers

(a) RESIDENCE NO. 15 N. Ann St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 14-1851

7 AGE: Years 77 | Months 4 | Days 12 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer: master

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Simmers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Gillet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Sallie Gray (Address) 15 N. Ann St

15 Filed....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 19 28

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 19 28, to June 26, 19 28, that I last saw h... alive on June 25, 19 28, and that death occurred, on the date stated above, at 8 30 A.m.

The CAUSE OF DEATH* was as follows: Arterio Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Hook, M. D.

(Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Date of Burial 6/29 19 28

20 UNDERTAKER Philip Herwig ADDRESS 2014 Oliver St

Very Important. See instructions on back of this [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 35203

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1225/22-001 E 35203

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (C.H.) (ST.) (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Eddie~~ Edward Rothman (Rathman)

(a) RESIDENCE NO. 639 W. Franklin st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Caroline Rothman

6 DATE OF BIRTH (month, day, and year) 1887 May 22nd

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or..... min. |
|---|---|---|---|
| 41 | 1 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Race horse trainer

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Maryland~~ New York

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant ~~Hospital Records~~ (Address) Caroline S. Rathman Turner Station

15 Filed JUN 28 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1928

17 I HEREBY CERTIFY, That I attended deceased from June 19 , 19 28 to June 26 , 19 28 .

That I last saw him alive on June 26 , 19 28

and that death occurred, on the date stated above, at 7.10 p. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism; myocardial insufficiency (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) [signature] M. D.

6-27 19 28 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem. DATE OF BURIAL 6/24 1928

20 UNDERTAKER Philip Herwig ADDRESS 2516 Calvert

Spec.—1-10-21—M&T—1500 Bks.

E 35204 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 35204

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 550 Wilcome St. WARD 31)

2-FULL NAME Elijah Spence

(a) RESIDENCE No. 550 Wilcome St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug - 11 - 1916

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 11 | 10 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) South Mills
(State or country) N. Carolina

PARENTS

10 NAME OF FATHER Elijah Spence

11 BIRTHPLACE OF FATHER (city or town) South Mills
(State or country) N Carolina

12 MAIDEN NAME OF MOTHER Addie Spence

13 BIRTHPLACE OF MOTHER (city or town) South Mills
(State or country) N Carolina

14 Informant Rose Spence
(Address) 550 W Wilcome St

15 Filed 19 Registrar

C. HAMPSON JONES, M. D.

JUL 28 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26 1928

17

I HEREBY CERTIFY, That I attended deceased from 6/22, 1928, to 6/26, 1928,

that I last saw h.. alive on 6/26, 1928,

and that death occurred, on the date stated above, at 3:10 p. m.

The CAUSE OF DEATH* was as follows:

Intercranial Meningitis

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Intercrain

(duration) 1 yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Smear & State Col Lab

(Signed) David Franklin M. D.

6/27 1928 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | June 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Leonard Whaley | 698 Pierce St |

HEALTH DEPARTMENT — CITY OF BALTIMORE

E 35205

# CERTIFICATE OF DEATH.

E 35205

1-PLACE OF DEATH

City of BALTIMORE: No. Providence Hosp. St. 1724 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob R. Johnson

(a) RESIDENCE NO. 1308 Division St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 1846

7 AGE — Years: 82+ Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Talbot Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Nathan Johnson

11 BIRTHPLACE OF FATHER (city or town): Talbot Co. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mahala

13 BIRTHPLACE OF MOTHER (city or town): Talbot Co. Md.

(State or country)

14 Informant: Ora E. Johnson

(Address) 1631 Edmondson Ave.

15 Filed ..... 19..... Registrar .....

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ..... yrs. ..... mos. one ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Leuck M. D.

(Coroner)

, 19 (Address) 28 Talbot Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial June 6-30 19 28

20 UNDERTAKER: George D. Gibson ADDRESS 1735 Division Ave

Very Important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 35206

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 ✓ E 35206

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 707 S. Eastern Ave St. 76 Ward)

2-FULL NAME Louis C. Dassler

(a) RESIDENCE NO. 707 S Eastern Ave St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Dassler

6 DATE OF BIRTH (month, day, and year) January March 6 1852

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 76 | 3 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer Weisketter & Son

9 BIRTHPLACE (city or town).....

(State or country) Germany

PARENTS

10 NAME OF FATHER Dassler

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Germany

14 Informant Henry Kress

(Address) 707 S E ave

15 Filed JUN 28 1928 19 H. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to. death in the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Lungs

T. B. ? (duration) yrs. 2 mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

6-26-1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery Date of Burial June 28 1928

20 UNDERTAKER Lilly-Zeiler Inc. ADDRESS 1038 Wash Ave

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35207

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35207

## CERTIFICATE OF DEATH

32

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Jefferson ST., 7 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary M. Biscoe

(a) RESIDENCE NO. 2506 Jefferson ST., 7 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 7 mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18 1911

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 16 | 7 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator in Toy

(b) General nature of industry, business, or establishment in which employed (or employer) Toy Mfg.

(c) Name of employer Balto. Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Albert J. Biscoe.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER Louisa Griese

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant Louisa Biscoe

(Address) 2506 Jefferson St.

15 Filed JUN 28 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25/28

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1928, to June 25, 1928

that I last saw her alive on June 20, 1928

and that death occurred, on the date stated above, at 10 20/ a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No.

What test confirmed diagnosis? Spinal Fluid.

(Signed) Louis Krauss M. D.

19 (Address) 20 E. Pearson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL June 28 1928

20 UNDERTAKER Lilly & Zeiler Inc

ADDRESS 430 S. Wolfe St

Spec.—2-20-28—L. F. S.—500 Blks.

E 35208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35208

51

## CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2806 Elliott ST. V 1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William N. Soukup (Soukup)

(a) RESIDENCE NO. 2806 Elliott ST. 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 7 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Nov. 23rd 1903

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24 | 7 | 2 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bakery Delivery

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James A. Soukup

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Emma Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Emma Soukup, Mother (Address) 2806 Elliott St.

15 Filed UN 28 1928 C. HAMPSON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to June 25, 1928

that I last saw him alive on June 24, 1928

and that death occurred, on the date stated above, at 4 5/a m.

The CAUSE OF DEATH* was as follows:

acute endocarditis following acute bronchitis

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Uremia — collapse

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

6/26 1928 (Address) 1014 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Cemetery — DATE OF BURIAL June 28th 1928

20 UNDERTAKER Lilly + Zeiler Inc — ADDRESS 400 S. Wolfe St

Spec.—1-12-23—M&T—500 Bks.

E 35209

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35209

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E. Pratt St., No 4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antone Scheller.

(a) RESIDENCE No. 1815 E. Pratt St., 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 47 yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Scheller

6 DATE OF BIRTH (month, day, and year): March 16 1851

7 AGE — Years: 77 yrs. Months: 3 Days: 10 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): confectionary

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Dreschert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret Scheller

(Address): 1815 E. Pratt St.

15 Filed ... 1928 ... Registrar

C. HAMPSON JONES, M.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to June 16, 1928, that I last saw h in alive on June 16, 1928, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardio-vascular disease

(duration) ? yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Acute Cardiac dilatation Acute pul. Edema

(duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas J Feinglos M. D.

June 19 28 (Address) 700 E. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: June 30 1928

20 UNDERTAKER: Lilly & Zeiler Inc

ADDRESS: 403 S Wolfe St

Spec.—2-29-28—L. F. S.—500 Blks.

E 35210

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35210

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3424 E Baltimore ST., 24 WARD. REGISTERED NO. 24-001

2—FULL NAME Louis Kirby.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 3424 East Balto ST., 24 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 2 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Otillia Kirby

DATE OF BIRTH (month, day, and year) April 8-1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 2 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

(c) Name of employer B & O R.R.

BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Zocrias Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Harriet Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Otillia Kirby

(Address) 3424 E Balto St.

15 Filed JUN 28 1928 C. HAMPTON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/28

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to June 26, 1928.

That I last saw him alive on June 25, 1928

and that death occurred, on the date stated above, at 6 10 a m.

The CAUSE OF DEATH* was as follows:

Paralysis, Hemorrhage of Brain

CONTRIBUTORY (Secondary) Hardening of Arteries (duration) yrs. mos. 6 ds.

Bright's Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Heard M. D.

6/27, 1928 (Address) 3907 Gaurnee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart Cem. | June 30 1928. |

20 UNDERTAKER Lilly & Zeiler INC ADDRESS 1031 Walbert

Spec.—1-12-23—M&T—500 Bks.

E 35213

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

49E 35213

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balty City Hospital WARD)

2-FULL NAME William Mulroy

(a) RESIDENCE NO. 338 W Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mulroy

6 DATE OF BIRTH (month, day, and year) [illegible] 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 58 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Mulroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr Peter Mulroy

(Address) 216 W Fontaine St

15 Filed JUN 26 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26-1928

17

I HEREBY CERTIFY, That I attended deceased from 9-10-[illegible], 1927 to 6-26, 1928

that I last saw him alive on 6-26-1928

and that death occurred, on the date stated above, at 8 45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

Unknown mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sign & Symptoms

(Signed) M. Laurence M. D.

, 19 (Address) Balty City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL June 29 1928

20 UNDERTAKER John F Cowan & Son

ADDRESS 401 N Howard St

Spec.—1-12-23—M&T—500 Bks.

E 35212

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35212

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. First ST., Brooklyn WARD 6)

2-FULL NAME Joseph A Coulbourn

(a) RESIDENCE NO. 212 N First ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Coulbourn

6 DATE OF BIRTH (month, day, and year) April 9 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 66 | 2 | 15 | 11 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter for B & O. R.R.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Stephen Coulbourn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Reddish

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Miss Katie Coulbourn (Address) 212 N First st Brooklyn

15 Filed 6-28-1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/7/26, 1928, to 6/27, 1928, that I last saw h alive on 6/26, 1928 and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A Williamson M. D.

19 (Address) 134 Jackson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL June 29 1928

20 UNDERTAKER John F Denny — ADDRESS 715 Lisbon St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35213

## CERTIFICATE OF DEATH.

E 35213

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-25 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moo Sung Chin

(a) RESIDENCE NO. 207 Ivy Alley St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Chinese | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) May 8 1869

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 59 | 1 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of indnstry, business, or establishment in which employed (or employer) Laundryman

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) China.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Georgie S.Chin

(Address) 230 Park Ave.

15 Filed ..... 19..... C. HAMPSON JONES M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller (Coroner) , M. D.

6/25 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial June 29 1928

20 UNDERTAKER John F Denny ADDRESS 711 Lex St

very important. See INSTRUCTIONS ON BACK OF

Spec.—1-12-23—M&T—500 Bks.

GREEK

E 35214

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35214

## CERTIFICATE OF DEATH.

B-5 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] WARD) BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Gyula.

(a) RESIDENCE No. 1911 Granby ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 64 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Lithuania

PARENTS

10 NAME OF FATHER Martin Gyula

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Victoria ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithuania

14 Informant [redacted]
(Address) [redacted]

15 Filed , 19 , Registrar

1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/20/1928

17

I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to June 20, 1928

that I last saw him alive on June 20, 1928

and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic acute

Arteriosclerosis

Auricular fibrillation

(duration) 4 yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Sub.

(Signed) C. Jevens Byrd, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart. | 6/28 1928 |
| 20 UNDERTAKER | ADDRESS |
| John J. Fahey Sons | 315 Light St |

Spec.—1-12-23—M&T—500 Bks.

E 35215

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35215

## CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dolby

(a) RESIDENCE NO 1156 N. Carrollton ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 1928

7 AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Marjorie Dolby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Johns Hopkins Hospital, M. D.

15 Filed 6-26 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-21, 1928, to 6-23, 1928

that I last saw her alive on 6-23, 1928

and that death occurred, on the date stated above, at 11.36 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. H. Peckham, M. D.

6-23-1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: C. HAMPSON JONES, M. D.

ADDRESS Department of Health

JUN 27 1928

Spec.—1-12-23—M&T—500 Bks.

E 35216

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35216

## CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Vulvade

(a) RESIDENCE NO. 2004 Boston Ave. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | ? |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 0 7 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Barber.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed JUN 29 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/1928

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1925, to June 29, 1928

that I last saw him alive on June 29, 1928

and that death occurred, on the date stated above, at 12:10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gunwell + Sons

(Signed) C. Julius Segal, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUN 29 1928

UNIVERSITY OF MARYLAND

HAMPSON JONES, M.D. Commissioner of Health

Spec.—1-12-23—M&T—500 Bks.

E 35217 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35217

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH Baltimore City Hospt. REGISTERED NO.

CITY OF BALTIMORE: (No. 1 Balto. Md. St. 26-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julian James

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 45 ?

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospt (Address) Balto Md

15 Filed JUN 28 1928 19 C. HAMPSON JONES, M. D. Registrar 2580

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/22, 1928, to 6/25, 1928

that I last saw him alive on 6/24, 1928

and that death occurred, on the date stated above, at 6.35 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Pre Senile Psychosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Presenile Psychosis with Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? (Clinical findings)

What test confirmed diagnosis?

(Signed) Hamilton Downs, M. D.

6/25, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL 19

ADDRESS

UNIVERSITY OF MARYLAND

JUN 28 1928

Commissioner Health

Spec.—1-12-23—M&T—500 Bks.

E 35218

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35218

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (T.H.) WARD) 22-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Johnson

(a) RESIDENCE NO. 215 S. Fremont ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Viola Johnson

6 DATE OF BIRTH (month, day, and year) 1898

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 30 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Webster Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Ella Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

28 1928 3599 [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to June 25, 1928, that I last saw him alive on June 25, 1928, and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis peritonitis entrocolitis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) L. Madeline M. D.

6-25 1928 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JUN 28 1928

20 UNDERTAKER C. HAMPSON JONES & SON

ADDRESS

Commissioner Health.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35219

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35219

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie Smith

(a) RESIDENCE NO. Cockeysville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, ~~Married~~, Widowed, or ~~Divorced, (write the word)~~ |
|---|---|---|
| Female | Col- | Widow |

3 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Work

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Elsmith Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27-1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to June 27, 1928, that I last saw her alive on June 27, 1928 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Colloid Goitre

(duration) 23 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction, acute; Mesenteric Thrombosis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 23rd 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George G. Finney, M. D.

June 28, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gorsuch, Cockeysville, Md

DATE OF BURIAL June 30 1928

20 UNDERTAKER Chas C Brooks & Son

ADDRESS Sparks, Md

Spec.—1-12-23—M&T—500 Blks.

E 35220

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35220

## CERTIFICATE OF DEATH.

21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (ST.) 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Frank White

(a) RESIDENCE NO. 1716 Brunt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Barnes

6 DATE OF BIRTH (month, day, and year) May 30, 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min |
|---|---|---|---|---|
| | 55 | 0 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

PARENTS

10 NAME OF FATHER William White

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Marys Co. Md

12 MAIDEN NAME OF MOTHER Agnes Hebrone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Lucy Medley (daughter)

(Address) 1321 N Caroy St.

15 Filed JUL 28 1928 C. HAMPSON JONES, M. D. Registrar

Pat

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1928

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to June 26, 1928, that I last saw h[illegible] alive on June 26, 1928, and that death occurred, on the date stated above, at 3 55 p. m.

The CAUSE OF DEATH* was as follows:

Erysipelas facialis

No history of injury

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Full, M. D.

6/28 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cemetery | 6/28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Thomas E. Kelson | 1303 Pressman St |

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35221

## CERTIFICATE OF DEATH

90 E 35221

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Potomac ST. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William F. Kanzler

(a) RESIDENCE NO. 108 N. Potomac ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie S. Kanzler

DATE OF BIRTH (month, day, and year) Aug 14 1869

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 58 | 10 | 11 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Frederick C. Kanzler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Margaret E. Herman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sadie S. Kanzler

(Address) 108 N. Potomac St.

15 Filed ... 19 ... C. HAMPSON JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1928 to June 25 1928

that I last saw him alive on June 25, 1928

and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) B. V. Kelbe, M. D.

, 19 (Address) 100 N. Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | June 29 1928 |
| 20 UNDERTAKER George W. Zirkle | ADDRESS 1737 E Eager St |

Cor.—12-9-25—A Co.—200 Bks.

E 35222

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

179-001 E 35222

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4 30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline Marquess

(a) RESIDENCE NO. Oella, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1924

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 4 | # | # | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Alfred Marquess

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Barbara Bloom

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mr. Alfred Marquess

(Address) Oella, Md.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Second Degree burns of body and face.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar Tillett (Coroner) M. D.

6/28 19 28. Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Cemetery Date of Burial JUN 30 28

20 UNDERTAKER Easton Sons ADDRESS Elkridge City

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35223

## CERTIFICATE OF DEATH.

90

E 35223

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 943 N. Dallas 9-13 Ward)

2-FULL NAME Prisalla Piner

(a) RESIDENCE NO. 943 N. Dallas Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Piner

6 DATE OF BIRTH (month, day and year): Unknown 1882

7 AGE — Years: 46 — Months — Days — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Wytheville

(State or country): S. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Penny Cooper

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): S. C.

14 Informant: Lucretia Cooper

(Address): 943 N. Dallas

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(History -Valvular)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. K. Collins M. D.

(Coroner)

6/28/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wyndale Md. Date of Burial: June 28, 28

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS: 1725 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

Julia Nelson or Marski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35224

CERTIFICATE OF DEATH.

125

E 35224

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 69 Ward)

2-FULL NAME Julia Nelson or Marski

(a) RESIDENCE NO. 308 N Broadway Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0 37

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Orland

PARENTS

10 NAME OF FATHER S. A. Richard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Orland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Orland

14 Informant Tillie Niles

(Address) 1407 Georgia Ave

15 Filed 19

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

6-25-28

17

I HEREBY CERTIFY, That I attended deceased from 6-25, 19 28, to 6-25, 19 28

that I last saw h.er alive on 6-25, 19 28

and that death occurred, on the date stated above, at 3 45 p m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pancreatitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Harry Weinstein, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patrick — Date of Burial: June 27 1928

20 UNDERTAKER: John M Weber — ADDRESS: 401 S Chester St

Very Important. Not to be detached.

C 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 35225

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47 E 35225

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Greenmount Ave ST. 4-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nellie E. Pendergast

(a) RESIDENCE NO. 2011 Greenmount Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Jan 8 1875

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 53 | — | 2 | 18 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Richard Pendergast

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Sarah Pendergast
(Address) 2011 Greenmount Ave

15 Filed 6 28 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26-1928

17 I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1928, to June 26, 1928,

that I last saw her alive on June 25-, 1928

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) General Metastasis & Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Chas. D. Hayden, M. D.

6/28, 1928 (Address) 1216 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | June 29 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mary M Medefield | 501 E 22nd St |

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35226

## CERTIFICATE OF DEATH

12 9 E 35226

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 312 N Pulaski St. 20-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cecilia Schenkel

(a) RESIDENCE NO. 312 N Pulaski St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 9, 1849

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 78 | 8 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER John Schenkel

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Hund

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Samuel J. Schenkel

(Address) 312 N. Pulaski St

15 Filed ..... 19 C. H. IMPSON JONES, M. D. Registrar

JUN 28 1928 By ..... RECD

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 June 27-28

17 I HEREBY CERTIFY, That I attended deceased from June 20, 19 28, to June 27, 19 28, that I last saw her alive on June 26, 19 28, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Uremia, Chronic Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj. D. Wilson, M. D.

6/28/28 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: June 30- 1928

20 UNDERTAKER: Charles J. Schwab — ADDRESS: 505 N. Monroe St.

very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

E 35227.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

9

E 35227

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Mulberry ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Garfield Morgan

(Residence in Baltimore: No. 1747 Mulberry St.: ..... yrs., ..... mos. ..... ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) |
|---|---|---|
| Male | Colored | Infant |

6-DATE OF BIRTH. June (Month) 7 (Day), 1927 (Year).

| 7-AGE. | If LESS than 1 day, |
|---|---|
| 1 yrs. 2 mos. 21 ds. | ....hrs. or....min.? |

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Beach Morgan

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Maria Brown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Brown

(Address) 1747 Mulberry St.

15-

Filed ..... 191.....

Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 28 (Day), 1928 (Year).

17- I HEREBY CERTIFY, That I attended deceased from June 22 1928, to June 26 1928, that I saw h alive on June 26 1928, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Saml Snyder M. D.

..... (Address) 1300 E Baltimore Cashua Dispensary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

| 19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL. |
|---|---|
| Cashuan Cem | June 29 1928. |

20-UNDERTAKER Wendell & Hyppel ADDRESS 2000 E Eden

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35228

## CERTIFICATE OF DEATH

90 E 35228

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 327 Ostenteen St., 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Wilson

(a) RESIDENCE NO. 327 Ostenteen St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isabella Wilson

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE — Years: 80 Months: ? Days: ? IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): -1

(c) Name of employer: Worthington Baldwin Co.

9 BIRTHPLACE (city or town)

(State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Irene Wilson

(Address): 327 Ostenteen St.

15 Filed ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/27/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/25 1928, to 6/27 1928, that I last saw h.. alive on 6/27 1928, and that death occurred, on the date stated above, at 5:00 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Nephritis (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

if not at place of death? none

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. M. Bosley M. D.

(Address) 918 Shan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: July 1 19..

20 UNDERTAKER: Mrs Kate R. Williams — ADDRESS: 322 N. Schroeder

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35229

## CERTIFICATE OF DEATH.

24 001 E 35229

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS WARD) 14-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Norris

(a) RESIDENCE NO. 1939 Edmondson Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Norris

6 DATE OF BIRTH (month, day, and year) ? 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 69 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Hannah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) BALTIMORE CITY HOSPITALS Relative

15 Filed JUN 28 1928, 19 C. HAMPTON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/1928.

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to June 29, 1928 that I last saw him alive on June 25, 1928 and that death occurred, on the date stated above, at 11:00 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - right - cerebral hemorrhage aphasia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Gross & Microscopic

(Signed) C. Hampton Jones M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL June 30 1928

20 UNDERTAKER John H. Woodcock — ADDRESS 1021 Edmondson Ave

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35230

## CERTIFICATE OF DEATH

10-002

E 35230

1-PLACE OF DEATH

City of BALTIMORE: (No. 1426 Ward St. 21-28 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corrie Jenkins

(a) RESIDENCE NO. 1426 Ward St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14-1918

7 AGE: Years 10 Months 7 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Moses M Jenkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Grace Fedrick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Grace Jenkins

(Address) 1426 Ward St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asepsis Privat,

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. ... ds.

Filed ..... (Coroner) ..... M. D.

21, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct Date of Burial Jan 29 19

20 UNDERTAKER A L Brown & Son ADDRESS 1516 Mondy

Jan 28 1928 Wm. R. Jenkins M D

RFK

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35231

## CERTIFICATE OF DEATH

90

E 35231

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 640 E. 35th ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara M. Duvall

(a) RESIDENCE NO. 1004 McDonough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

6 If married, widowed or divorced HUSBAND of (or) WIFE of Richard M. Duvall

DATE OF BIRTH (month, day, and year) Jan. 9. 1863.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 5 | 19 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Jacob Burg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rachel Blattenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middletown, Pa.

14 Informant Richard M. Duvall

(Address) 1004 McDonough St.

15 Filed JAN 29 1928 Registrar

G. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28/28

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to June 27, 1928, that I last saw h alive on June 27, 1928 and that death occurred, on the date stated above, at 3 A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-Myocarditis

unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

June 28, 1928 (Address) 2065 E. Monument St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetary

DATE OF BURIAL June 30 1928

20 UNDERTAKER George W. Zinkle

ADDRESS 1737 E Eager st.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 35232

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-001

E 35232

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME, Baby Boy Harrison

(a) Residence No. 817 Hamilton Terrace St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE. | 5-Single, Married, Widowed, or Divorced. (Write the word.) |
|---|---|---|
| Male | White | |

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 26/28

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, ....hrs. or 15 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) and

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Harrison

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Eva States

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

11-

(Informant)

(Address)

15-

Filed JUN 29 1928, 192 C. HAMPSON JONES, M. D. Registrar.

By Hdy

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 26/28

17- I HEREBY CERTIFY, That I attended deceased from June 26 1928 to June 26 1928

that I last saw him alive on June 26 1928

and that death occurred, on the date stated above, at 10 05 P m.

The CAUSE OF DEATH* was as follows:

Premature

Congenital debilitas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Dwight Reynolds M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. University Hospital

DATE OF BURIAL, June 26 1928

20-UNDERTAKER,

ADDRESS

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002

E 35233

## CERTIFICATE OF DEATH

E 35233

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1605 Franklin St. Ward 19 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Walthall

(a) RESIDENCE NO. 1605 Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. Kds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 13, 1927

7 AGE Years 8 Months Days 15 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Walthall

11 BIRTHPLACE OF FATHER (City or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Elise Parran

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant Caudrent Walthall

(Address) 1605 W. Franklin

15 Filed ..... 19 .....

JUL 29 1928 HAY

Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-1928

17 I HEREBY CERTIFY, That I attended deceased from 6/27, 1928, to 6-28, 1928

that I last saw him alive on 6-28-, 1928.

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

3 days

(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Improper food

(duration) ....yrs. 1 mos. ....ds.

18 Where was disease contracted if not at place of death? 1605 Franklin

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. R. Bortan M. D.

, 19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — Date of Burial: June 29, 19 28

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1218 Eastland Av

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35234

## CERTIFICATE OF DEATH.

90

E 35234

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Melvale St. near Cold Spring Lane. 2256 St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. A. Guethe

(a) RESIDENCE NO. not Known St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16, 1860

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 68 | 5 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Guethe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Switzland

12 MAIDEN NAME OF MOTHER not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Geo Guethe

(Address) Bloomsbury & Lord

15 Filed 1925 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry and from (autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Goiter Cardiac Decease

7 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John J. Mowery M. D. (Coroner)

6/29, 1925 (Address) 1572 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Mary Hanfdle June 29 1925

20 UNDERTAKER ADDRESS

A S Marshall 3539 Fall Rd

very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

CORRECTED BY DR. HAWKINS JONES M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35235

# CERTIFICATE OF DEATH.

E 35235

Roland Park,

1-PLACE OF DEATH

City of BALTIMORE: (No. 4611 Ashland Ave. 27-53 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Erastus L. Finney

(a) RESIDENCE NO. 4611 Ashland Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Ellen F Finney

6 DATE OF BIRTH (month, day, and year) Jan 3 - 1866

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 62 | 5 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co.

(State or country)

PARENTS

10 NAME OF FATHER Jacob Finney

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Christ Yost

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant Mrs Finney

(Address) 4611 Ashland Ave

15 Filed ..... 19 .....

Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Basi Torsemi

(Suicide)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

6/29, 1928 (Address) 3272 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Mary's Hampden Jun 30, 28

20 UNDERTAKER ADDRESS

H S Marshall 3539 Fall Rd

Nau

Dec.—2-29-28—L. F. S.—500 Bks.

E 35236

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 35236

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N Patterson Pk Ave St., 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dora Mary Nau

(a) RESIDENCE NO. 1609 Pattersonpark Ave St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 23 1861

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67. | 6 | 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lancaster Pa

10 NAME OF FATHER Fred Kern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs C. Sherwood

(Address) 1609 N. Pattersonpark ave.

15 Filed JUN 29 1928 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to June 27, 1928, that I last saw her alive on June 27, 1928 and that death occurred, on the date stated above, at 1 P.M. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) arterio sclerosis High blood pressure (duration) 10 yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M. D.

6/27, 1928 (Address) 2858 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | June 30 1928 |
| 20 UNDERTAKER | ADDRESS |
| Johannah Candler | 1004 Arisdale St |

Spec.—1-10-21—M&T—1500 Bks.

E 35237 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35237

## CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Monroe ST. 6-27 WARD)

2-FULL NAME Bernhard F. Prior

(a) RESIDENCE NO. 402 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Prior

6 DATE OF BIRTH (month, day, and year) Dec. 6-1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 9 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker. 63

(b) General nature of industry, business, or establishment in which employed (or employer) City Baking Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Prior

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Sophia Lehnstag

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wilhelmina Prior (Address) 402 N. Monroe St.

15 Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to June 27, 1928, that I last saw him alive on June 27, 1928, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 6 mos yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Martin A Cox, M. D.

6/27, 1928 (Address) 54 W Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL June 30 1928

20 UNDERTAKER George L. Schwartz ADDRESS 2101 Eutaw Ave

Spec.—I-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35238

## CERTIFICATE OF DEATH.

74-001 E 35238

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2315 Rosedale ST. 15-61 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Catherine Hartman

(a) RESIDENCE NO. 2315 Rosedale ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): Sept 21, 1845

7 AGE — Years: 82 — Months: 9 — Days: 6 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto City Md.

PARENTS

10 NAME OF FATHER: Owen Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Antmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. L. Hoff

(Address) 2315 Rosedale

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

JUN 28 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928. to June 27, 1928.

that I last saw h M alive on June 27, 1928.

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) M. O'Leary M. D.

6/28 1928 (Address) 1406 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 6/30 1928

20 UNDERTAKER: Geo Leimbach Sons — ADDRESS: 525 N. Lynchurst

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35239

## CERTIFICATE OF DEATH.

89 E 35239

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Eastern Ave ST. 1-2 WARD)

2-FULL NAME James V. Kimball

(a) RESIDENCE NO. 2811 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosanna Kimball

6 DATE OF BIRTH (month, day, and year) June 25 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman Steamboat

(b) General nature of industry, business, or establishment in which employed (or employer) Ofo

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Mrs James E. Kimball

(Address) 2811 Eastern Ave

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1928

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to June 26, 1928

that I last saw him alive on June 26, 1928,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Arteriosclerosis

(Signed) [illegible], M. D.

6/27/28 (Address) 2015 Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL June 29 1928

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35240

## CERTIFICATE OF DEATH.

74001

E 35240

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No. 1630 E Preston ST. 8-17 WARD)

2-FULL NAME Lewis W. Kolb

(a) RESIDENCE NO. 1630 E Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Apr 18 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 2 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Weigher

(b) General nature of industry, business, or establishment in which employed (or employer) Rail Road 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimor

PARENTS

10 NAME OF FATHER Louis Kolb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimor

12 MAIDEN NAME OF MOTHER Margaret Rapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimor

14 Informant Margaret Kolb (Address) 1630 E Preston St

15 Filed JUN 29 1928, 19 HAMPSON JONES, M. D. Registrar Kolb

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1928

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to June 27, 1928.

that I last saw him alive on June 26, 1928,

and that death occurred, on the date stated above, at 5-10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Abel Gingerald, M. D.

6/27/1928 (Address) 1613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL June 29, 28

20 UNDERTAKER John Ulrich ADDRESS 2908 Ereaux

Spec.—1-12-23—M&T—500 Bks.

E 35241

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

16-28 15 E 35241

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 827 N. Gilmor St. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Striewig

(a) RESIDENCE No. 827 N. Gilmor ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma B. Striewig

6 DATE OF BIRTH (month, day, and year) Feb. 11 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 4 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Emil Striewig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md.

12 MAIDEN NAME OF MOTHER Calilla

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr Albion Fleming
(Address) 402 St. Paul St.

15 Filed ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1928

17 I HEREBY CERTIFY, That I attended deceased from June 26 1928 to June 29, 1928.
that I last saw h alive on June 28, 1928.
and that death occurred, on the date stated above, at 1.10 a.m.

The CAUSE OF DEATH* was as follows:

hypostatic pneumonia

3 days (duration) yrs. mos.

CONTRIBUTORY (Secondary) ~~Septic~~ arthritis, multiple abscess

(duration) yrs. 6 mos. ? ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical diagnosis

(Signed) Nathaniel M. Beck, M. D.

, 19 (Address) 100 E. 23rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem. | June 30 1928 |
| 20 UNDERTAKER. Wm J Tuckerman | ADDRESS Norfolk |

Spec.—1-12-23—M&T—500 Bks.

E 35242

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 90

E 35242

1-PLACE OF DEATH Home for Incurables REGISTERED NO. 13-52

CITY OF BALTIMORE: (No. 40th & Cedar Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma E. Sites

(a) RESIDENCE NO. Home for Incurables ST., (Pa) WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. A. Sites

6 DATE OF BIRTH (month, day, and year): Jan. 29 1855

7 AGE — Years: 73 | Months: 4 | Days: 29 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Wm Wetzel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Mary Bruner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Hospital Records (Address) 40th & Cedar Ave

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 19 27 to June 26 19 28

that I last saw her alive on June 26, 19 28

and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertrophic Arthritis

(duration) over 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) W. H. Mayo, M. D.

6-27 19 28 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: June 29 19 28

20 UNDERTAKER: Wm Buckner ADDRESS: Govans Md

C. HAMILTON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 lks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35243

## CERTIFICATE OF DEATH

108

E 35243

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 816 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nellie Rivers

(a) RESIDENCE NO. 1762 Llewellyn Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Rivers

7 DATE OF BIRTH (month, day, and year): Apr 14-1897

| 8 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 2 | 13. | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Burkville Va.

PARENTS

10 NAME OF FATHER: Taylor Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Edeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Nellie Kerby

(Address) 1762 Keyser St.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1928 to June 27, 1928

that I last saw her alive on June 27, 1928

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Ludwicks Eczema.

(duration) yrs. 1 mos. 17 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Urine & Blood

(Signed) John W. Gaines, M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: June 30, 28

20 UNDERTAKER: Mrs J. S. Locks

ADDRESS: 1302 Hoffman

Spec.—12-9-25—A Co.—200 Blks.

E 35244

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 35244

1-PLACE OF DEATH
City of BALTIMORE: (No. Sinai Hospital - Baltimore Md St. ) REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Asch

(a) RESIDENCE NO. 1705 E. Biddle St. Ward
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: white
5 Single, Married, Widowed, or Divorced. (write the word): M
6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie Asch
6 DATE OF BIRTH (month, day, and year): Unknown 1885
7 AGE: Years 43; Months —; Days —
IF LESS than 1 day.....hrs. or.....min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grocery
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery
(c) Name of employer
9 BIRTHPLACE (city or town)
(State or country): Russia
10 NAME OF FATHER: Joseph Asch
11 BIRTHPLACE OF FATHER (city or town)
(State or country): Russia
12 MAIDEN NAME OF MOTHER: Lillian
13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Russia
14 Informant: Katie Asch
(Address): 1705 E Biddle St
15 Filed JUN 29 1928 HAMSON JONES, M. D. Registrar

PARENTS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/28/28
17 I HEREBY CERTIFY, That I attended deceased from 6/26/28, 19..., to 6/28/28, 19...
that I last saw him alive on 6/28/28, 19...,
and that death occurred, on the date stated above, at 9:45 P. m.
The CAUSE OF DEATH* was as follows:
Acute Appendicitis & Rupture
Generalized Peritonitis
Active advanced pulmonary T.B.
CONTRIBUTORY (Secondary) (a) Generalized peritonitis (duration) yrs. mos. 3 ds.
(b) Active advanced pul. T.B. (duration) yrs. mos. 3 ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 6/26/28
Was there an autopsy? No
What test confirmed diagnosis? Clinical Signs & operation
(Signed) Ernest Klotz, M. D.
6/28 19 28 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths (from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wehrer Rosedale Date of Burial 6/29 19 28
20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balto

OF DEATH is given to you for your information and very important. See instructions on back of certificates.

Spec—1-12-23—MAT—800 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35245

## CERTIFICATE OF DEATH.

001

74 E 35245

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2019 (St.) Pinsbury (Ward) 15-21

2-FULL NAME William Fedder

(a) RESIDENCE NO. 2019 Pinsbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Fedder

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Fedder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ella -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) J. Lewis 1439 Eberle St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 - 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to June 28, 1928, that I last saw him alive on June 27, 1928, and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Aortic Sclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) J Edw Talbot, M. D.

6/29, 1928 (Address) 1355-W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cedar Hill

DATE OF BURIAL 6-29-1928

20 UNDERTAKER Jack Lewis

ADDRESS 1439 Eberle

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35246

## CERTIFICATE OF DEATH.

+129 E 35246

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200, N. Bethel ST. 69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Hamlett

(a) RESIDENCE NO. 200. N. Bethel ST., 4th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | Colored | Single. |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 52 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic at Home.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.

PARENTS

10 NAME OF FATHER Austin Hamlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westmoreland Co. Va.

12 MAIDEN NAME OF MOTHER Martha Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westmoreland Co. Va.

14 Informant Rebecca Taylor, (Address) 20. Chestnut St. Annapolis Md.

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1928

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1928 to June 26, 1928.

that I last saw her alive on June 26, 1928.

and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) J. W. Stephens, M. D.

6-29-28 (Address) 508 Lemmert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 6/29 1928

20 UNDERTAKER Byron & Knight 1218 McElderry St

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

Lillian Nemeyer

E 35247 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

58 E 35247

1-PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No. Lillian ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillian Nemeyer.

(a) RESIDENCE NO. 517 S. Decker Av. ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Nemeyer

6 DATE OF BIRTH (month, day, and year) Jan 10th 1879.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 5 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Trautfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Margaret Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Elsie Nemeyer

(Address) 517 S. Decker Ave

15 Filed , 19 Registrar

W. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1928.

17

I HEREBY CERTIFY, That I attended deceased from June 23, 1928. to June 28, 1928.

that I last saw h alive on June 28, 1928.

and that death occurred, on the date stated above, at 2.20 4m.

The CAUSE OF DEATH* was as follows:

Secondary anemia

Cause Unknown.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) T. P. Thompson, M. D.

, 19 (Address) St. Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL July 2nd 1928

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Broadway

Spec.—2-29-28—L. F. S.—500 Blks.

14961
E 35248

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

101-001 ✓ E 35248

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 79 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Morganthal

(a) RESIDENCE NO. 1231 Orist Pl. (Usual place of abode) ST., Orist WARD

Length of residence in city or town where death occurred 8 yrs. mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (~~Write the word~~) |
|---|---|---|
| Male | White | Child |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 11/1/20

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 8 | 7 | 26 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Clarence Morganthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Pearl Kuan Sr.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address)

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27-1928

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1927, to June 27, 1928, that I last saw h(im) alive on June 27, 1928 and that death occurred, on the date stated above, at 8:06 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

Emphysema bilateral

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Pericarditis - purulent

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray - Pneumonia

(Signed) Allan B Thomson, M. D.

6/28, 1928 (Address) The Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waynesboro Pa.

DATE OF BURIAL July 2nd 1928

20 UNDERTAKER Libby & Zieler Inc

ADDRESS 1033 Wash Ave

Spec.—I-12-23—M&T—500 Bks.

35249

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-28 E 35249

1-PLACE OF DEATH Womens Hospital

CITY OF BALTIMORE: (No Lafayette & Johns St. 14-20 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Hatton

(a) RESIDENCE No. Windsor Mill Road - Woodlawn WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year) June 29 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day ___ hrs. or 15 min |
|---|---|---|---|---|
| | ✓ | ✓ | ✓ | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work premature child

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto Md. Womens Hospital

PARENTS

10 NAME OF FATHER Reginald W. Hatton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newport R. I.

12 MAIDEN NAME OF MOTHER Mabel D. Finn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass.

14 Informant Reginald W. Hatton
(Address) Windsor Mill Rd - Woodlawn

15 Filed ___ 19 ___ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1928

17

I HEREBY CERTIFY, That I attended deceased from June 29 1928 1 AM to June 29 28 1:20 A.M.

that I last saw h e alive on June 29 1928,

and that death occurred, on the date stated above, at 1 20 P m.

The CAUSE OF DEATH* was as follows:

Premature Labor - duration of pregnancy 6 months.

Death due to prematurity of child (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) atelectasis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed djagnosis? ✓

(Signed) John M. F. Bogland, M. D.

6/29 1928 (Address) 58 W. Biddle —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Gellenmount Cem | June 30 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry H. Jenkins Sons Co | 1218 Cloverd Ave Balto Md |

Cor.—12-9-25—A Co.—200 Bks.

E 35250 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35250

117

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 12-50 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel J. Sullivan

(a) RESIDENCE NO. 442 Lorraine St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 22 1917

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 10 | 11 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Jer C Sullivan

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Julia Powers

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Jer Sullivan

(Address) 442 Lorraine

15 Filed JUN 29 1928 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis

Ruptured appendix - 2 days.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

2 days about

(Duration) yrs. mos. ds.

(Signed) M. J. Sullivan M. D.

(Coroner)

, 19 (Address) 1659 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial July 2 1928

20 UNDERTAKER: Henry Hock Son ADDRESS 1301 E Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

E 35251 ✓ E 35251

# HEALTH DEPARTMENT—CITY OF BALTIMORE

172-001

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1405 Aisquith ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Arthur B. Pryor

(a) RESIDENCE NO. 1405 Aisquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 1 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J. Pryor

DATE OF BIRTH (month, day, and year) May 7 1882

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 46 | 1 | 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Clerk for B

(b) General nature of industry, business, or establishment in which employed (or employer) Penn. R. R. Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Singleton Pryor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Featherstone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Margaret J. Pryor

(Address) 1405 Aisquith St

15 Filed JUN 29 1928, 19 C. HAMPSON JONES, M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1928

17 I HEREBY CERTIFY, That I attended deceased from March 11, 19 27, to June 27, 19 28,

that I last saw h. alive on June 27 Tue., 19 28,

and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

1 yr 3 mos (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Stonesifer, M. D.

June 28 19 28 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL June 30 1928

20 UNDERTAKER Henry Hauch Son — ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Blks.

E 35252

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

51 E 35252

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hospital

2-FULL NAME Henry G. Wood

(a) RESIDENCE NO. S. Boston, Va. St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie B Wood

6 DATE OF BIRTH (month, day, and year): Nov 1871

7 AGE: Years 54 | Months 7 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Clarksville, Va

PARENTS

10 NAME OF FATHER: Jesse Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Sallie B Wood

(Address) South Boston Va.

15 Filed ..., 19... Registrar

JUN 29 1928 C. HAMPTON HYDE M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-28 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to June 28, 1928

that I last saw him alive on June 28, 1928

and that death occurred, on the date stated above, at 7.45 p.m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Diabetic Coma.

(duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No Clin. Exam.

What test confirmed diagnosis?

(Signed) Louis T. Lowy, M. D.

6/28, 1928 (Address) W. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: South Boston Va

DATE OF BURIAL: June 29th 1928

20 UNDERTAKER: Hanna & Wright

ADDRESS: Bay & Conway St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35253

## CERTIFICATE OF DEATH.

31 E 35253

REGISTERED NO. 2863

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4804 Liberty Heights St., WARD

2-FULL NAME Nellie May Williams

(a) RESIDENCE NO. Same 4804 Liberty Heights Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Chas E Williams

6 DATE OF BIRTH (month, day, and year) 8-Sept 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 8 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Bonough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Florence Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Chas E Williams (Address) 4804 Liberty Heights Ave

15 Filed JUN 29 1928 19 HAMILTON JONES, M.D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1928

17 I HEREBY CERTIFY, That I attended deceased from June 3 1928 to June 28 1928, that I last saw her alive on June 26 1928, and that death occurred, on the date stated above, at 11 50 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) "

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard S French M. D.

6/28 19 (Address) 1707 Eamandrough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL July 2 1928

20 UNDERTAKER Josiah Sykes

ADDRESS 160 W. Martin

Spec.—12-9-25—A Co.—200 Blks.

E 35254

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Koschneider) ✓

E 35254

CERTIFICATE OF DEATH.

100-001

REGISTERED NO._____

1-PLACE OF DEATH Sinai Hospital.

City of BALTIMORE: (No. 309 N B'way St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Koschneider.

(a) RESIDENCE NO. 309 N. B'way St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29 - 1863

7 AGE: Years 65 Months 1 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER William Kaschneider

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germ

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Herman Kaschneider

(Address) Unknown

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 4/25 19 28, to 6/28 19 28;

that I last saw him alive on 6/28 19 28,

and that death occurred, on the date stated above, at 11. 25 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 309 N. B'way

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? X-ray

(Signed) D. Arthur Lynch, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial 6/30/28

20 UNDERTAKER Joseph Ahrens ADDRESS 221 B'way

JUN 29 1928 C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 35255

# HEALTH DEPARTMENT—CITY OF BALTIMORE

74 001

E 35255

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 104 W. 25th St. (ST.) 12-51 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lela Donoho Noell

(a) RESIDENCE NO. 104 W. 25th St. ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Late George L. Noell

6 DATE OF BIRTH (month, day, and year) June 1[illegible],1867

| 7 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 61 | | 9 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md.

PARENTS

10 NAME OF FATHER Vernon J. Drain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary J. Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Charles C. Drain
(Address) 2321 Edmondson Ave.

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 3/1/, 1928, to 6/28/, 1928
that last saw h[illegible] alive on 6/28/, 1928
and that death occurred, on the date stated above, at 1:9 m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Sclerosis of Arteries

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ... Date of ...
Was there an autopsy? ...
What test confirmed diagnosis? ...

(Signed) Howard Drain, M. D.
, 19 (Address) 2321 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Cem. Cambridge Md. DATE OF BURIAL: 6/30/28

20 UNDERTAKER: Harry S. Watts ADDRESS: 537 N. Lombard St.

Cor.—1-12-23—M&T—100 Blks.

E 35256

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35256

## CERTIFICATE OF DEATH.

159-002

REGISTERED NO. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 257 Mccull St. ST. WARD

2-FULL NAME Lori Samuels

(a) RESIDENCE NO. 257 Mccull St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 27, 1928

7 AGE — Years | Months: 2 | Days: 2 | If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Silas Samuels

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Blanche Coles

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Blanche Samuels
(Address) 257 McCulloh

15 Filed ..., 192 G. HAMPSON JONES, M. D. Registrar

By

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. Hurst Mossman, M. D.
(Coroner.)

6/29, 192 (Address) 3632 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: June 29 1928

20 UNDERTAKER: Jno. M. Johnson

ADDRESS 1234 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35257 ✓

E 35257.

## CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2778 W. North Ave., ST. 15-68 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia M. Betts

(a) RESIDENCE NO. 2778 W. North Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Betts

6 DATE OF BIRTH (month, day, and year): June 12, 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 54 | | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 637

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Betts.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Kate Hardesty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Marie Elsegood

(Address) 2778 W. North Ave.

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28, 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct. 11th., 1927, to June 28th 1928,

that I last saw her alive on June 28th 1928,

and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 3 Yrs.

Cerebral Hemorrhage

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Ella Hamilton Gibson, M. D.

6/29, 1928 (Address) 24 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: July 2, 1928

UNDERTAKER: Wm. H. Valentine

ADDRESS: 2226 Aisquith St.

E 35258

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35258

## CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

City of BALTIMORE: (No. 665 W. Fayette St. 425 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward H. McFarland

(Residence in Baltimore: No. 665 W. Fayette St.; yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE. | 5-Single, Married, Widowed, or Divorced, (Write the word.) |
|---|---|---|
| Male | White | |

6-DATE OF BIRTH.

..... 1.....
(Month) (Day) (Year)

7-AGE. 48 yrs. mos. ds.

If LESS than 1 day, ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... 84

9-BIRTHPLACE. (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- C. HAMPSON JONES, M. D.

Filed ..... Per ..... 192.....

JUN 29 1928 Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 27, 1928.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Feller M. D.
(Coroner.)

6/28 192 8 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

| 19-PLACE OF BURIAL OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| PUBLIC CEMETERY | ..... 19.... |
| 20-UNDERTAKER. Commissioner Health. | ADDRESS JUN 29 1928 |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35259

## CERTIFICATE OF DEATH.

90 E 35259

1-PLACE OF DEATH

8-17

REGISTERED NO.

City of BALTIMORE: (No. N.W. Cor Eager & Washington (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Kinzor

(a) RESIDENCE NO. 1749 E. Oliver St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kinzer

6 DATE OF BIRTH (month, day, and year) June 24/1872

| 7 AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 56 | 0 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Worker

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John W. Kinzer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wife

(Address)

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Kreis M. D.

(Coroner)

6/29/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial June 30 1928

20 UNDERTAKER Robt J Turner & Co ADDRESS 1442 N Broadway

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35260

## CERTIFICATE OF DEATH

+9 E 35260

1-PLACE OF DEATH

City of BALTIMORE: (No. Bd Genl Hosp St. 16-22 Ward)

REGISTERED NO.

2-FULL NAME Levi Pfeffer.

(a) RESIDENCE NO. 807 Madison St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Pfeffer

6 DATE OF BIRTH (month, day, and year) Feb 25, 1851

| 7 AGE | Years | Months | Days | IF LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 77 | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 65

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Gettysburg

(State or country) Penna

PARENTS

10 NAME OF FATHER Leo Pfeffer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Lipton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Hospital records

(Address)

15 Filed ... 19 ...

JUN 29 1928 C. THOMPSON JONES, M. D.

Registrar

For RRH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-28 19

17 I HEREBY CERTIFY, That I attended deceased from 5-30, 1928, to 6-28, 1928, that I last saw him alive on 6-28, 1928, and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Prostate

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? YES Date of 6/16/28

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Jno A Sampsonia M. D.

(Address) Md Gen Hosp

*State the (Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

Date of Burial June 30 1928

20 UNDERTAKER Robt B Cook

ADDRESS 1005 West Baltimore St

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35261

Wilkowski

# HEALTH DEPARTMENT—CITY OF BALTIMORE

113

E 35261

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1028 S. Streeper St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Wilkowski

(a) RESIDENCE NO. 1028 S. Streeper St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 24 1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 3 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Salt City

(State or country)

PARENTS

10 NAME OF FATHER Andrew Wilkowski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russian Poland

12 MAIDEN NAME OF MOTHER Cecelia Staniewska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Salt, City

14 Informant Cecelia Wilkowski

(Address) 1028 S. Streeper

15 Filed 1925 19

C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Entero-Colitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. ds.

(Signed) James M. Hanlon M. D.

(Coroner)

June 29 1925 (Address) 7006 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. Date of Burial June 29 1925

20 UNDERTAKER Stephen J. Fialkowski & Son ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 35262

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35262

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hosp.

CITY OF BALTIMORE: (No. ~~[illegible]~~ S. 27-55 WARD) 154

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip James Schwartz

(a) RESIDENCE NO. 3323 Maple Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 26 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 6 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Philip Schwartz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Shenandoah Pa

12 MAIDEN NAME OF MOTHER Dorothy Montgomery

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Genoa Pa

14 Informant Mrs P. Schwartz
(Address) 3323 Maple Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1928

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to June 29, 1928, that I last saw h[illegible] alive on June 29, 1928, and that death occurred, on the date stated above, at 11:10 p.m.

The CAUSE OF DEATH* was as follows:

(1) Malnutrition

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Eczema.

(duration) yrs. 6½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) H. H. Tuckerman, M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL July 19 28

20 UNDERTAKER [illegible] — ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 35263 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35263

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. 27-37 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Davis.

(a) RESIDENCE No. 4823 O Donnell St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year): Apr 8th 1848

7 AGE: Years 80 | Months 2 | Days 19 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Maryland. Baltimore

PARENTS

10 NAME OF FATHER: Samuel Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn

12 MAIDEN NAME OF MOTHER: Eliza Slugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Elizabeth Davis Abey 601 Lamotte St Wilmington

15 Filed 6/29 1928 C. HAMPSON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-27-1928

17 I HEREBY CERTIFY, That I attended deceased from 6-6-, 1928 to 6-27-, 1928

that I last saw him alive on 6-27-, 1928

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Unknown

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & X-ray

(Signed) ..... M.D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Del. Western Cemetery — DATE OF BURIAL: 6/30/1928

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Elm. ave

Spec.—1-12-23—M&T—500 Bks.

35264

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35264

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2626 N. Charles St ST 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Tilden Baylies

(a) RESIDENCE NO. 2626 N. Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 76 yrs. 6 mos. 3 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. T. Baylies

6 DATE OF BIRTH (month, day, and year) Dec. 25th/1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 76 | 6 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) New York

(State or country) N.Y.

PARENTS

10 NAME OF FATHER Robert Grant

11 BIRTHPLACE OF FATHER (city or town) Ellsworth

(State or country) Maine

12 MAIDEN NAME OF MOTHER Jane Ann Marshell

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Mr Wm. T. Baylies (Son)

(Address) 2626 N. Charles St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29- 1928

17

I HEREBY CERTIFY, That I attended deceased from May 15 , 1928 , to June 29 , 1928 ,

that I last saw h alive on June 28 - 1928

and that death occurred, on the date stated above, at 7 05 P m

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs mos. 6 hours

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert Lundquist, M. D.

6/29 1928 (Address) 2117 Mary Lundquist

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loundon Park Cemetery

DATE OF BURIAL June 30 1928

20 UNDERTAKER C. HAMPSON JONES, M. D. STEWART & MOWEN COMPANY

ADDRESS 109 W NORTH AVE

6 1928

Cor.—12-9-25—A Co.—200 Eks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35265

E 35265

## CERTIFICATE OF DEATH.

161-00

21-29

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital, Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Magee

(a) RESIDENCE NO. 1348 James St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Fred Magee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Anna M. Lemmon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Father

(Address)

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. S. Collins M. D.
(Coroner)

6/29/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial June 29 1928

20 UNDERTAKER M. W. E. Dippold ADDRESS 3715 Eastern Ave

JUN 29 1928 C. HAMPSON JONES M.D.

Spec.—1-12-23—M&T—500 Bks.

E 35266 HEALTH DEPARTMENT—CITY OF BALTIMORE 7-E 35266

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 819 Broadway St (ST.) 17-26 (WARD)

2-FULL NAME Holland Harcum

(a) RESIDENCE NO. 819 Broadway St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Alice Harcum

6 DATE OF BIRTH (month, day, and year) 2/22/1873

7 AGE Years 55 Months 4 Days 4 7

If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C. A. Pitts

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Hard Harcum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Southampton County Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Southampton County Va.

14 Informant Alice Harcum

(Address) 819 Bradley St

15 Filed JUN 29 1926, 19

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20th, 1928 to June 28th, 1928 that I last saw h alive on June 28th, 1928 and that death occurred, on the date stated above, at 12-20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 2 yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. Wells Hall, M. D.

, 19 (Address) 119 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL June 30 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

ec.—2-29-28—L. F. S.—500 Bks.

24-35267

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35267.

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 2-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Henry Gibson

(a) RESIDENCE NO. Hurricane ST., WARD 4-2a-

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 63 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va. 2a-

PARENTS

10 NAME OF FATHER Wm Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) 4-2a-

12 MAIDEN NAME OF MOTHER Sarah Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) 4-2a-

14 Informant Reads

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29-28

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to June 29, 1928, that I last saw him alive on June 29, 1928, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma Leukaemia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Abscess of supra pubic region (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Wash Va

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) [illegible] M. D.

6/29, 1928 (Address) J.H.H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hurricane W. Va

DATE OF BURIAL June 29, 1928

20 UNDERTAKER John Merrick

ADDRESS 008 Eutaw

Spec.–7-17-26—A Co.—200 Bks.

E 35268

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35268

REGISTERED NO. 49

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A Matthews

(a) RESIDENCE NO. 3045 Wallbrook Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Delia C. Matthews

6 DATE OF BIRTH (month, day, and year) May 10 - 1859

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 69 | 1 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Trimmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Matthews

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Amelia Kirschner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Timon L. Kriechbaum

(Address) 3045 Wallbrook Ave

15 Filed 6 To C. HAMPSON JONES, M. B. Registrar

RCH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/28 19

17 I HEREBY CERTIFY, That I attended deceased from 5/11/28, 19, to 6/29/28, 19, that I last saw h. alive on 6/29/28, 19, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

(duration) yrs. 2-5 mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. S. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem. Govans | Date of Burial 7/2 1928

20 UNDERTAKER Chas F. Hamilton | ADDRESS 118 W. Mt Royal Ave

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E. 35269

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35269

## CERTIFICATE OF DEATH.

90 E 35269

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Little Sisters of the Poor St. 40-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cardwell

(a) RESIDENCE NO. Preston & Valley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|
| 70 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Owen Doran

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret C Shea

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston & Valley Sts

15 Filed ....., 19..... C. HAMPSON JONES, M. D.

JUN 1926

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

June 26th

17

I HEREBY CERTIFY, That I attended deceased from

Record , 19....., to , 19.....,

that I last saw h[illegible] alive on June 24, 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

Unknown (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Warner, M. D.

June 29, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial June 30 1926

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Fremont Ave

Spec.—1-10-21—M&T—1500 Bks.

E 35270 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35270

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2317 Hillsdale Ave 12-4

CITY OF BALTIMORE: (No. 2317 ST. 12 WARD 54) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Northern

(a) RESIDENCE NO. 2317 Hillsdale Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Ellen Northern

6 DATE OF BIRTH (month, day, and year): ? ? 1855

7 AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumber yd. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Jones Lumber Co

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Jas Northern

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Joshua Northern (son) 2317 Hillsdale Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to June 27, 1928, that I last saw him alive on June 26, 1928, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Hypertension and senescence

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R F Young M. D.

6/28/1928 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery DATE OF BURIAL: June 30 28

20 UNDERTAKER: Chas. H. Flowers ADDRESS: 116 N. Caroline St

pec.—2-29-28—L. F. S.—500 Bks.

E 35271 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 35271

## CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N Bradford ST., 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara Kradesky

(a) RESIDENCE NO. 409 N Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kradesky

DATE OF BIRTH (month, day, and year) Not known

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Vaclav Palka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Jos. Kradesky (Address) 409 N Bradford

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28/28

17 I HEREBY CERTIFY, That I attended deceased from June 20 19 28 to June 28 19 28

that I last saw h alive on June 27 1928

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Walter Duncan M.D.

6-29 19 28 (Address) 1009 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | July 2 1928 |
| 20 UNDERTAKER | ADDRESS |
| Frank Brockhoff | 1600 Eutaw |

Spec.—5-19-13—M. & T.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35272

## CERTIFICATE OF DEATH.

59 002

E 35272

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home 947 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rosalie West

(Residence in Baltimore: No. St. Elizabeths' Home Chestnut Hill Ave St.; ... yrs., ... mos. ... ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH. About October (Month) 15 (Day), 1927 (Year)

7-AGE. Foundling 13 yrs. 8 mos. ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). "

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed ..... 191...

C. HAMPSON JONES, M. D.

Registrar.

1928 Per 2585

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. June (Month) 28 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1928, to June 26 1928, that I saw h er alive on June 26 191, and that death occurred, on the date stated above, at 7P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Congenital Heart Lesion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Frank J. Ayd M. D.

June 29, 1928 (Address) 2065 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL DATE OF BURIAL, ..... 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

JUN 29 1928

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 35273 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35273

CERTIFICATE OF DEATH. 129

REGISTERED NO. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1320 N. Ample St. (WARD)

2-FULL NAME George Wheeler

(a) RESIDENCE. NO. 5-3 Brookmeadows Ct Gettysburg Pa ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary Wheeler

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 65; Months; Days; If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Essex Co (State or country) Va

PARENTS

10 NAME OF FATHER Mikel Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Harriet Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ida J. Baton

(Address) 1320 N. Ample St

15 Filed ..... 19 ..... HAMPSON JONES M. D. Registrar

By ..... RAH

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 25, 19 28, to June 28, 19 28, that I last saw h.. alive on June 28, 19 28, and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? -

(Signed) R. H. Fletcher, M. D.

6/29/28 (Address) 1220 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gettysburg Pa

DATE OF BURIAL: 7-2-1928

20 UNDERTAKER: Sam'l H. Chase Son

ADDRESS: 400 Main

Spec.—1-12-23—M&T—500 Bks.

E 35274 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35274

74-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Baringer (Berenger)

(a) RESIDENCE NO. 2024 Portugal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick Berenger

6 DATE OF BIRTH (month, day, and year) Oct 2/82

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 8 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Luwi Roerner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cathrina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records

15 Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/26, 1928, to 6/28, 1928, that I last saw h[illegible] alive on 6/28, 1928, and that death occurred, on the date stated above, at 10 00 P m.

THE CAUSE OF DEATH* was as follows: Bronco-pneumonia, bilateral

Hemiplegia, R

Cerebral Hemorrhage, left

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) atherosclerosis

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Physical Exam -

(Signed) C. Holmes Lloyd, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL 7/2 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

HAMPSON JONES, M. D.

JUL 1928

Spec.–7-17-26—A Co.—200 Bks.

E 35275

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1294 E 35275

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md. General Hospital (St.) 18-29 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Frank J. Market

(a) RESIDENCE NO. 863 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Frank J. Market

6 DATE OF BIRTH (month, day, and year) August 22, 1877

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 50 | 10 | 7 | |

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cedar Rapids Idaho

(State or country)

PARENTS

10 NAME OF FATHER J. W. Market

11 BIRTHPLACE OF FATHER (City or town) Buffalo, N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Tomaker

13 BIRTHPLACE OF MOTHER (city or town) Cedar Rapids, Iowa

(State or country)

14 Informant Hospital records

(Address)

15 Filed ..... 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from 5/28, 1928, to 6/29, 1928, that I last saw h~~im~~ alive on 6/29, 1928, and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic Nephritis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M.D.

6/29/28 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Rapids Iowa — Date of Burial July 1 1928

20 UNDERTAKER W. J. Tickner & Sons — ADDRESS Mount Ra[illegible]

very important. See instructions on back of certificates.

JUL 1928 C. THAMPSON JONES, M.D.

Spec.–7-17-26—A Co.—200 Bks.

E 35276

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35276

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 111-001

City of BALTIMORE: (No. Mercy Nospital St. 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Bax d/ Frank Gardner Boyd

(a) RESIDENCE NO. 2535 W. North ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 2 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna L. Boyd

6 DATE OF BIRTH (month, day, and year): Sept 27-1857

7 AGE — Years: 70 Months: 9 Days: 2 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerical 009

(b) General nature of industry, business, or establishment in which employed (or employer): Colonial Trust Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm D. Boyd

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Etta Rauhlman

13 BIRTHPLACE OF MOTHER (City or town)

(State or country): Germany

14 Informant: Anna L. Boyd

(Address): 2535 W. Northaw.

15 Filed ..... 19 ..... Registrar

ARH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/29/28

17 I HEREBY CERTIFY, That I attended deceased from 6/25/28, 19..., to 6/29/28, 19..., that I last saw h.. alive on 6/29/28, 19..., and that death occurred, on the date stated above, at 6.25 pm m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary): Cardiac Failure

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted

if not at place of death? -

Did an operation precede death? yes Date of 6/27/28

Was there an autopsy? -

What test confirmed diagnosis? Clinical

(Signed) J. E. Wentzel M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: July 2 1928

20 UNDERTAKER: H. Frederick Sons — ADDRESS: North Ave

very important. See instructions on back of certificate.

30 1928

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35277

## CERTIFICATE OF DEATH

114 E 35277

1—PLACE OF DEATH 413 W. Biddle St. REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hospital ST. 17-23 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Beatrice Hammond

(a) RESIDENCE NO. 1146 Penna ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col. | married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Edw Hammond

DATE OF BIRTH (month, day, and year) 1899

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edw Hammond
(Address) 1146 Penna ave

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-28

17 I HEREBY CERTIFY, That I attended deceased from 5-23-, 1928, to 6-28, 1928, that I last saw her alive on 6-28, 1928 and that death occurred, on the date stated above, at 1:25 p. m.

The CAUSE OF DEATH* was as follows:

Phlegmonous erysipelas, acute cardiac, cellulitis abdominal wall, Exhaustion.

(duration) yrs. mos. 36 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/26

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Operation

(Signed) C. Hampson, M. D.

6/28 19 (Address) Woodlawn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | 6/30 1928 |
| 20 UNDERTAKER Leland Easton | ADDRESS 916 Pa ave |

Cor.—12-9-25—A Co.—200 Bks.

E 35278

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

112 E 35278

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 W Hoffman 17-24 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Johnson

(a) RESIDENCE NO. 502 W Hoffman St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown.

6 DATE OF BIRTH (month, day, and year) 1882

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Eliza Johnson

(Address) 1038 McCulloh

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an .....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest .....(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion half hour

CONTRIBUTORY (Secondary) Sun of duct

(duration) yrs. mos. ds.

(Signed) H. C. Funk M. D.

, 19 (Address) 1116 Dr Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 6/30 1928

20 UNDERTAKER Samuel Carter ADDRESS 916 Dr Ave

Very Important. See instructions on back.

30 1928 12:44

ec.—2-29-28—L. F. S.—500 Bks.

E 35279

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35279

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 205 N. 29th ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Griffin

(a) RESIDENCE NO. 205 N. 29th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Michael Griffin

DATE OF BIRTH (month, day, and year) May 16 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 1 | 13 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Cosgrove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Gateley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Mary Griffin
(Address) 205 N. 29th St

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 28

17 I HEREBY CERTIFY That I attended deceased from June 15 28, 19..., to June 29 28, 19..., that I last saw her alive on June 29 28, 19..., and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Paralysis, Cerebral

Arteriosclerosis (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John B. Kolb, M. D.

June 30 28 (Address) 1 N. Light

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 7/1 1928

20 UNDERTAKER Margaret E. Flynn — ADDRESS 1422 Light St.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35280

## CERTIFICATE OF DEATH

45 E 35280

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3414 Oakenshaw Pl. St. 17-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Belle Watts

(a) RESIDENCE NO. 3414 Oakenshaw Pl St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? — yrs. — mos — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (or) WIFE of James Henry Watts

6 DATE OF BIRTH (month, day, and year) July 21st 1856

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 71 | 11 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co. Maryland (State or country)

PARENTS

10 NAME OF FATHER Martin Shuler

11 BIRTHPLACE OF FATHER (City or town) (State or country) Franklin Co. Pennsylvania

12 MAIDEN NAME OF MOTHER Julia Ann Ripple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Franklin Co. Pennsylvania

14 Informant Irene Julia Anne Beidler (Address) 3414 Oakenshaw Place

15 Filed ... 1928 C. HAMPSON JONES M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29th 1928

17 I HEREBY CERTIFY, That I attended deceased from February (2) 1926, to June 29th 1928, that I last saw h-as alive on June 29th 1928, and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma Rectal

Diffused Carcinoma

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Feb. 9 1926

Was there an autopsy? no

What test confirmed diagnosis? Biopsy & Microscope

(Signed) C. Hampson Jones M. D.

6.29.1928 (Address) 2529 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem Date of Burial July 1 1928

20 UNDERTAKER John O Mitchell Sons ADDRESS 1901 Eutaw Pl

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35281

## CERTIFICATE OF DEATH.

179 E 35281

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. University Hospital St 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesolek

(a) RESIDENCE NO. 928 S. Curley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 27, 1908.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 19 | 6 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Can Company.

(c) Name of employer Continental Can Co.

9 BIRTHPLACE (city or town)_____

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Wesolek

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Eva Piasecka

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Balto. Md.

14 Informant Mrs. Eva Wesolek

(Address) 928 S. Curley St.

15 Filed ....., 19 .....

Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) his find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st. - 2nd. and 3rd. degree burns of body.

(duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zellin, M. D.

(Coroner)

6/29 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Date of Burial July 2 1928

20 UNDERTAKER Martin W. E. Rippelbe ADDRESS 31 Sa

Spec.—2-29-28—L. F. S.—500 Bks.

E 35282

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Coughlin

129 E 35282

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1320 Sth Milton St., 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John B. Baker

(a) RESIDENCE NO. 1320 Sth Milton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Baker

DATE OF BIRTH (month, day, and year) Feb 20 67

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary McQuiggan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Theresa Baker

(Address) 1320 Sth Milton Ave

15 Filed ....., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28-28

17 I HEREBY CERTIFY, That I attended deceased from 6/25/28, 19.., to 6/28/28, 19.., that I last saw h alive on 6/28/28, 19.., and that death occurred, on the date stated above, at 7:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 1 mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. F. Coughlin M.D.

6/28, 19 28 (Address) 320 Rutland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL July 2 1928

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 35283

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35283

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 1254 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Quinton

(a) RESIDENCE NO. Durlin West Va. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 22, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 63 | 3 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woodsman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) germany

PARENTS

10 NAME OF FATHER Adolph Quinton

11 BIRTHPLACE OF FATHER (city or town) (State or country) germany

12 MAIDEN NAME OF MOTHER Berta Cepke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) germany

14 Informant Hospital Records
(Address)

15 Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to June 28, 1928, that I last saw him alive on June 28, 1928, and that death occurred, on the date stated above, at 4:15 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid with metastases throughout peritoneum and in the inguinal regions (duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Emaciation + Cachexia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Durlin W. Va.

Did an operation precede death? yes Date of April, 1928

Was there an autopsy? no

What test confirmed diagnosis? Operation, clinical

(Signed) R. J. Bellard, M. D.

6-28, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery

DATE OF BURIAL July 2 1928.

20 UNDERTAKER William Cook

ADDRESS 502 E. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35284

## CERTIFICATE OF DEATH.

143-001-
143 E 35284

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Ag Hosp St. 8-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Wise

(a) RESIDENCE NO. 1120 N Franklin St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence H. Lee

6 DATE OF BIRTH (month, day, and year): Aug. 25, 1898

7 AGE — Years: 29 — Months: 10 — Days: 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): New York

10 NAME OF FATHER: Chas. Stell

11 BIRTHPLACE OF FATHER (city or town):

(State or country): New York

12 MAIDEN NAME OF MOTHER: Grace Crow

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): New York

PARENTS

14 Informant: Mrs. Teresa Gordon

(Address): 1120 N. Franklin St.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Self Induced Abortion

Septic Peritonitis 3

(duration) 4 days yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

June 28 1928 (Signed) H C Wade M. D.

, 19 (Coroner)

(Address) 143 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eastern Cemetery — Date of Burial: July 2 1928

20 UNDERTAKER: William Cook — ADDRESS: 502 E. North Ave.

HAMPSON JONES M.D.

Spec.–7-17-26—A Co.—200 Bks.

E 35285

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35285

## CERTIFICATE OF DEATH

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Mens Home St. 4-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Finch

(a) RESIDENCE NO. 4460 W Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14, 1836

| 7 AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.. |
|---|---|---|---|---|
| | 92 | 4 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER William Finch

11 BIRTHPLACE OF FATHER (City or town)

(State or country) P. a

12 MAIDEN NAME OF MOTHER Mary Rutter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Mrs Mary Forestal

(Address) 1466 W Lexington

15 Filed ..., 19... Registrar

16 1926 HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1928 to June 29, 1928

that I last saw him alive on June 27, 1928

and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) Senility yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin A Harrell M. D.

, 19 (Address) 1105 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial July 2 1928

20 UNDERTAKER George J. Smith ADDRESS 2468 Hollins

very important. See instructions on back of certificate.

Spec. -7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35236

## CERTIFICATE OF DEATH

1622 74 1001

E 35286

1-PLACE OF DEATH

City of BALTIMORE: (No. 1220 Parrish St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Blake

(a) RESIDENCE: NO. 1220 Parrish St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE: Years 50 Months Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Yard

(c) Name of employer: General Lumber Co.

9 BIRTHPLACE (city or town) Calvert Co. Md

(State or country)

PARENTS

10 NAME OF FATHER Harley Blake

11 BIRTHPLACE OF FATHER (City or town) Calvert Co Md

(State or country)

12 MAIDEN NAME OF MOTHER Maria Dixon

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co Md

(State or country)

14 Informant Benjamin Blake

(Address) 106 Calvert St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 27, 19 28, to June 28, 19 28,

that I last saw him alive on June 28, 19 28,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

3

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. H. Jones, M. D.

, 19 (Address) 1918 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial 6/30 19 28

20 UNDERTAKER: Thomas E. Kelsen — ADDRESS 1333 Pennsylvania Ave

very important. See instructions on back of certificate.

Rec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35287 | CERTIFICATE OF DEATH | + 31 E 35287

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 9-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin Burriss

(a) RESIDENCE NO. 2 Shipyard Ave, Catonsville, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

(1925)

DATE OF BIRTH (month, day, and year) Aug. 23, 1925

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 2 | 10 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER William Burriss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lottie Levin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant William Burriss

(Address) 2 Shipyard Ave, Catonsville

15 Filed ....., 19.... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to June 28, 1928, that I last saw him alive on June 28, 1928 and that death occurred, on the date stated above, at 7:15 p. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary) Tuberculous Bronchopneumonia

(duration) ....yrs. 2 mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Dr. I. L. Levin, M. D.

6-30, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cemetery | 6/30 1928 |
| 20 UNDERTAKER | ADDRESS |
| Thomas E. Kelson. | 1307 Pennsylvania |

pec.—2-29-28—L. F. S.—500 Bks.

Dr Pollsbury 415 Cedarcroft Rd

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35288

## CERTIFICATE OF DEATH

44

E 35288

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Calvin Ave ST., Woverly 58 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara E Turner

(a) RESIDENCE NO. 412 Calvin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W. | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S Turner

DATE OF BIRTH (month, day, and year) Dec 8, 1856

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 6 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, bosiness, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER William Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ellen Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Charles S Turner

(Address) 412 Calvin Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1928, to June 30, 1928, that I last saw h alive on June 29, 1928 and that death occurred, on the date stated above, at 9.15A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Pollsbury, M. D.

June 30 19 28 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns, Woverly

DATE OF BURIAL 7/2 1928

20 UNDERTAKER H. C. Cook

ADDRESS 502 E North Ave

rec.—2-29-28—L. F. S.—500 Bks.

E 35289

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 35289

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1136 W. Hollins ST. 18-28 WARD)

2—FULL NAME John H. Gossage

(a) RESIDENCE NO. 1136 W. Hollins ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W. | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 6, 1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | - | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer, Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 063

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John H. Gossage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary M. Stone

(Address) 1136 W. Hollins St

15 Filed ..., 19 ... Registrar

PARENTS

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to June 28, 1928,

that I last saw him alive on June 28, 1928

and that death occurred, on the date stated above, at 11.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Edw. F. Green, M. D.

6-30, 1928 (Address) 126 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore | July 2 1928 |

20 UNDERTAKER Wm. Cook

ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35290

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

29 E 35290

REGISTERED NO.

CITY OF BALTIMORE: (No. 731 Greenmount Ave STREET WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Jr. Heinmiller

(a) RESIDENCE NO. 731 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Heinmiller

6 DATE OF BIRTH (month, day, and year) Sept 7 - 1857

7 AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | 9 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Heinmiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Moss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs Stansbury

(Address) 2724 Harford Ave

15 Filed ..... 19 ..... (CLINTON JONES, M. D.) Registrar

JUL 1 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6 - 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to June 10, 1928, that I last saw h[illegible]alive on June 24, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. G. Donnattin M. D.

4/4, 1928 (Address) 722 Gunsmith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Park — DATE OF BURIAL July 2 1928

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35291

## CERTIFICATE OF DEATH.

129 E 35291

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 210 S. Carolina St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rubin

(a) RESIDENCE NO. 210 S Carolina St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Rubin

6 DATE OF BIRTH (month, day, and year) 1862

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at home 37

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Sarah Rubin

(Address) 1729 E Fait St.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1½ yrs. mos. ds.

(Signed) James M. Kenton M. D.
(Coroner)

6/29 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State .....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial 7/1 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt

Very Important—See that every item is correctly answered.

L 1 1928 Health Dept. Baltimore Md.

RAR

Spec.—12 9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35292
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

57 E 35292
REGISTERED NO.

City of BALTIMORE: (No. Sinai Hospital 3-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Leah Levin

(a) RESIDENCE NO. 1425 E. Balto St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Levin

6 DATE OF BIRTH (month, day, and year): Unknown 1871

7 AGE — Years: 57 — Months: — — Days: — — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): (37)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Russia

14 Informant: Nathan Levin
(Address) 1425 E Balto St

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
6-29-28

17 I HEREBY CERTIFY, That I attended deceased from 4-23, 19 28, to 6-29, 19 28,
that I last saw h.e.r. alive on 6-29, 19 28,
and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:
Myocardial failure
Pulmonary Edema
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus
Hypertension
Chronic Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Yes Date of 4-30-28
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Harry Weintraub, M. D.
6/29 19 28 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mosh Pool Date of Burial 7/1 19 28

20 UNDERTAKER: Jack Levin ADDRESS 1439 E Balto St

HARRY WEINTRAUB, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35293 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 35293

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S. Ann St 2-4 ST. WARD)

2-FULL NAME Charles Jemres

(a) RESIDENCE No. 18 S. Ann St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabell Jemris

6 DATE OF BIRTH (month, day, and year) July 4 1847

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 11 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Jemres

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Annie Marks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lewis Jemres

(Address) 18 S Ann St

15 Filed , 19 RPH Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29 1928

17

I HEREBY CERTIFY, That I attended deceased from January 1, 1926, to June 29, 1928,

that I last saw him alive on June 29, 1928,

and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 2 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Mary Hrdinova, M. D.

, 19 (Address) 1707 E. Baltimore st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rock Road — DATE OF BURIAL July 1 1928

20 UNDERTAKER Jack Lewis 1429 E Balto St — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 35294

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

185 E 35294

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 10-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Eileen Smith

(a) RESIDENCE NO. 1119 Forest St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of "

6 DATE OF BIRTH (month, day, and year) Aug. 10. 1914

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | ##13 | 10 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry B. Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Catherine Fulton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Henry B. Smith

(Address) 1119 Forest St.

15 Filed ....., 19 .... Registrar

very important. See instructions on back of [illegible]

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture 3rd Cervical vertebra by drowning in water accident

(duration) ....yrs. ....mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) James M Preston M. D. (Coroner)

Jan 30 1928 (Address) 1004 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Post Office block near Gaywas

Former or usual residence 1117 Forest St. Pl

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemetery July 3 1928

20 UNDERTAKER ADDRESS

Edward W. Conklin 939 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

Rackmales

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35295

CERTIFICATE OF DEATH.

1937

E 35295

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

City of BALTIMORE: (No. 27-55 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Rackmales

(a) RESIDENCE NO. 3422 W. Belvedere ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6 DATE OF BIRTH (month, day, and year) 1882

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Morris Zieve

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Esther —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Samuel Rackmales

(Address) 3422 W. Belvedere ave

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June, 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/7, 1928, to 6/30, 1928, that I last saw her alive on 6/30, 1928, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. 3 0 ds.

CONTRIBUTORY (Secondary) Infected dermoid cyst

(duration) yrs. mos. 3 0 ds.

18 Where was disease contracted?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Meyer Miller, M. D.

6/30 1928 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Date of Burial 7/1 1928

20 UNDERTAKER A. L. Harrison & Bro ADDRESS 1127 E Balto st

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35296

## CERTIFICATE OF DEATH.

90 E 35296

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 S. 3rd (ST.) 26-37 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Sanders

(a) RESIDENCE NO. 924 S. 3rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Sanders

6 DATE OF BIRTH (month, day, and year): Jan 14 73

7 AGE — Years: 55 Months: 5 Days: 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Jacob Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Barbara Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John Sanders (Address) 924 S. 3rd St

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1927, to June 28, 1928

that I last saw her alive on June 28, 1928,

and that death occurred, on the date stated above, at 9 00 m.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Lucien B. Joska, M. D.

, 19 (Address) 846 W. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel

DATE OF BURIAL: 7/2 1928

UNDERTAKER: Philip Herwig

ADDRESS: 2016 Orleans St

Spec.—1-12-23—M&T—500 Blks.

E 35297

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-09

E 35297

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N. Bradford ST. 8-16 WARD)

2-FULL NAME Anna May Braje

(a) RESIDENCE No. 1610 N. Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Sept 17/26

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 9 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo A. Braje

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna May Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo A. Braje

(Address) 1610 N. Bradford St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to June 30, 1928, that I last saw her alive on June 30, 1928; and that death occurred, on the date stated above, at 1 PM m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Alice Hulbert M. D.

6/30 1928 (Address) Orangeade & Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem

DATE OF BURIAL 7/2/ 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Edmondson Av.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35298

## CERTIFICATE OF DEATH.

161-002 E 35298

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Brown

(a) RESIDENCE NO. 1140 N Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 29 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | col | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31/28

7 AGE

| Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| | | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER ThomasR.Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Annapolis, Md

12 MAIDEN NAME OF MOTHER Geraldine V. Waters

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant other

(Address)

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 29/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brain Degeneration-Intracranial Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Probably injury during Birth

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Callison M. D.
(Coroner)

1, 1, 28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brice Hill Annapolis Date of Burial 7-1 1928

20 UNDERTAKER Sam'l. H. Chase & Son ADDRESS 400 Madison

HAMPSON JONES M. D.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35299 ✓ 23 E 35299

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 14 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. McNamara

(a) RESIDENCE NO. 1425 Eutaw Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) August 10, 1883

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| 44 | 45 | 10 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Delaware

PARENTS

10 NAME OF FATHER Pat. McNamara

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McNamara

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mr. Florence Casey

(Address) 1425 Eutaw place

15 Filed ..., 1928 C. HAWSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/28

17 I HEREBY CERTIFY, That I attended deceased from 6/22/28, 19..., to 6/29/28, 19..., that I last saw him alive on 6/29/28, 19..., and that death occurred, on the date stated above, at 9 25 pm. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? – Date of –

Was there an autopsy? –

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington Del. — Date of Burial July 2 1928

20 UNDERTAKER John A. Moran — ADDRESS 3100 E. Balto St.

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 35300 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35300

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N. Kenwood Ave. WARD) 6 11 124

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Farrell

(a) RESIDENCE NO. 429 N. Kenwood Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daughter

6 DATE OF BIRTH (month, day, and year) Sept 12 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| 57 | 58 | 9 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Furnace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Stafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14

Informant Mrs. Lizzie Dalby

(Address) 509 Lanvale / Park Avenue

15

Filed ... 19 1928 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1928

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1928, to June 27 1928,

that I last saw h alive on June 27, 1928,

and that death occurred, on the date stated above, at 7:30 a m

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) ... yrs. ... mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

Kidney disease (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. P. Hearn, M. D.

6/30 1928 (Address) 2807 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL July 2 1928.

20 UNDERTAKER Chas. K. Stevens. ADDRESS 3504 E. Fayette Ave.

Spec.—1-12-23—M&T—500 Bks.

E 35301

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35301

## CERTIFICATE OF DEATH.

73

REGISTERED NO. 2631

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS Ward)

2-FULL NAME Louis E. Appel

(a) RESIDENCE No. Balto. City Hosp. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 25th 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 9 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Of

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Franty Appel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Relative

15 Filed 1928 C. HAMPSON JONES, M. D. By Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-8, 1914, to 6/29, 1928, that I last saw him alive on 6/29, 1928, and that death occurred, on the date stated above, at 12 M. Noon.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

Posterior-Lateral Sclerosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 14 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Wilmer Brady, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 2nd 1928

20 UNDERTAKER Dr. Weber & Son

ADDRESS 2503-Ed. Ave.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35302 CERTIFICATE OF DEATH

66

REGISTERED NO. E 35302

City of BALTIMORE: (No. 807 Plum Alley 42-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Harris.(C)

(a) RESIDENCE NO. 807 Plum Alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | Colored | Married. |

5a If married, widowed or divorced (or) WIFE of David Harris.(C)

6 DATE OF BIRTH (month, day, and year) October----1901

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 26 | 8 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lenie Harris.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Fannie Yewell.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Helen Harris.(C) sister.

(Address) 125 Welcome Alley.

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

6-1-1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. M. Reinhardt (Coroner) M. D.

6/30 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem. Date of Burial 7/2 1928.

20 UNDERTAKER John H. Tondorin ADDRESS 1021 W Pratt

Spec.—1-12-23—M&T—500 Bks.

E 35303 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38

E 35303
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 17-52 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Griffith

(a) RESIDENCE No. 1114 W. 36th st. ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 2-1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 7 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Garfield Griffith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabelle Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 HARRY JONES, M. D.
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1928

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1928, to June 29, 1928, that I last saw h im alive on June 29, 1928, and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) C.N.S. Lues

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) L. E. Madden M. D.

6-29 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Olivet Hampden | July 2 1928. |
| 20 UNDERTAKER Horace H. Bulgee | ADDRESS 1501 Hillsdale Rd |

Spec.—1-12-23—M&T—500 Bks.

E 35304

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35304

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-72 WARD)

2-FULL NAME James Murphy

(a) RESIDENCE NO. Rina, W. Va ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Married |

5a If married, widowed, or divorced ~~HUSBAND~~ of —. (or) WIFE of Mrs. Lucy Murphy

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 yrs | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer. do

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) W. Va (State or country)

PARENTS

10 NAME OF FATHER Michael Murphy

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Barbara Baldwin

13 BIRTHPLACE OF MOTHER (city or town) W. Va. (State or country)

14 Informant Mrs. Cathy Hoffman.

(Address) Mt. Nebo W. Va

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-1928

17

I HEREBY CERTIFY, That I attended deceased from 6-25, 1928, to 7-1, 1928.

that I last saw h~~im~~ alive on 7-1, 1928

and that death occurred, on the date stated above, at 5,55 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ..... yrs. 8 mos ..... ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of June 28, 1928

Was there an autopsy? Partial autopsy.

What test confirmed diagnosis? .....

(Signed) L. Clarence Cohn, M. D.

, 19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Rina W Va | July 3 1928 |
| 20 UNDERTAKER Robert Brookeen | ADDRESS Baltimore Md |

JUL 1 1928 C. HARRISON JONES, M. D. Reg.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35305

## CERTIFICATE OF DEATH.

100-00 E 35305

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No. 2 ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Boyd

(a) RESIDENCE No. 333 Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Boyd

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) C&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Stephen Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) D C

12 MAIDEN NAME OF MOTHER Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D C

14 Informant Mrs. Bruce

(Address)

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/1 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/27, 1928, to 7/1, 1928, that I last saw h— alive on 7/1, 1928, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Neck

Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of 6/29/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. M. Hyde, M. D.

7/1, 1928 (Address) Balt. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 7/2/28

20 UNDERTAKER Samuel Easton ADDRESS 916 Eutaw

C. HAMILTON JONES, M. D.

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35306

## CERTIFICATE OF DEATH

90 E 35306

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1416 Carrish alley St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Rice

(a) RESIDENCE NO. 1416 Carrish alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Rice

6 DATE OF BIRTH (month, day, and year) 1882

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 46 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto City Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Frank Rice

(Address) 1416 Carrish alley

15 Filed ..... 1928 HAMPSON JONES, M. D. Registrar

Per R.R.H.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 1928 to June 30 1928

that I last saw her alive on June 30 1928

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. 5 mos. 29 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. H. Fletcher, M. D.

7/1 1928 (Address) 1215 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — Date of Burial 7/2 1928

20 UNDERTAKER Dennis Eaton — ADDRESS 216 Bond

Very Important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 35307

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57

E 35307

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1114 Riggs Ave. 18-23 Ward)

2-FULL NAME Susie Knox Simms

(a) RESIDENCE NO. 1114 Riggs Ave, St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Simms

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE: Years: 46; Months: ; Days: ; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Va.

PARENTS

10 NAME OF FATHER: Levi Knox

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Va

14 Informant: Hilley Floyd

(Address) 1114 Riggs Ave

15 Filed 6/30, 1928 H. LAMAR JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/27, 1928, to 6/29/, 1928, that I last saw h.. alive on 6/29/, 1928, and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes,

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Urine & Gross.

(Signed) J. P. Hawkins, M. D.

(Address) 912 Eilmont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial July 2 1928

20 UNDERTAKER: Chas. H. Johnson ADDRESS 410 N. Carlton St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35308

122-001

B 35308

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 W. Lee St.) 27-30 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Wiegand

(a) RESIDENCE NO. 19 W. Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 11th, 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 10 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Packing House

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Conrad Wiegand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Mary Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Theresa Price (Address) 19 W. Lee St

15 Filed 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb. 13th, 1928, to June 28th, 1928, that I last saw him alive on June 28th, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Ellen Kowalewski, M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL July 2 1928

20 UNDERTAKER J. A. Krause & Son ADDRESS 703 Hanover St

Spec.—1-12-23—M&T—500 Bks.

Gunn

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35309

## CERTIFICATE OF DEATH.

40 E 35309

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolph Gunn

(a) RESIDENCE NO. 11 S. Arch ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Gunn.

6 DATE OF BIRTH (month, day, and year) Sept 7 1869

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 9 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fish Market

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn

PARENTS

10 NAME OF FATHER Henry Gunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn

12 MAIDEN NAME OF MOTHER Francis ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn

14 Informant (Address) Mrs. Annie

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/27, 1928, to 6/30, 1928, that I last saw h[illegible]ive on 6/30, 1928, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Primary E. Tumor Sm. Intestines

& Mesentery

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Yes Date of 6/29/28

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) [illegible], M. D.

, 19 (Address) Balt. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery.

DATE OF BURIAL July 3 1928

20 UNDERTAKER George F. Ruth

ADDRESS 1735 Harford Ave

G. HARRISON JONES, M. D.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35310

## CERTIFICATE OF DEATH.

60-001 ✓ E 35310

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 1c3 Ward)

2-FULL NAME Rose London

(a) RESIDENCE NO. 2205-E. Lombard St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruben London

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 45 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Lewis

(Address) 1439 E Balto

15 Filed_____, 19____ THOMPSON-JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 1 - 1928

I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to July 1, 1928, that I last saw h~~er~~ alive on July 1 - , 1928, and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

1. Embolic

2. Cardio-Vascular failure

(duration) 5 minutes mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 18 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of June 25-1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Nebo

Date of Burial 7/2 1928

20 UNDERTAKER: Jack Lewis

ADDRESS 1439 E Balto

Spec.—1-12-23—M&T—500 Blks.

E 35311

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 S. High Street (Ward) 5

REGISTERED NO. 19328

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Schwartzman

(a) RESIDENCE NO. 7 S. High St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write this word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie L Schwartzman

6 DATE OF BIRTH (month, day, and year) 1843

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 85 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Schwartzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L Schwartzman (Address) 7 S. High St

15 Filed July 2, 1928 H. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 19 28

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to July 1, 1928, that I last saw h— alive on July 1, 1928, and that death occurred, on the date stated above, at 12:50 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. Rob. Isaacs M. D.

, 19 (Address) 182 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL July 2 19 28

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

Spec.—1-12-23—M&T—500 Blks.

E 35312

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35312

## CERTIFICATE OF DEATH.

27545-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Parkside Drive ST.; WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Frank Everett Gardner

(a) RESIDENCE NO. 3600 Parkside ST. Drive WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Louise M Gardner

6 DATE OF BIRTH (month, day, and year) June 9 1887

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 41 | 0 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Frank M Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Gardner. (Address) 3600 Parkside Drive

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5th 1927 to June 30, 1928.

that I last saw him alive on June 30, 1928,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Laryngeal "

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C Manning M. D.

6/30, 1928 (Address) 323 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL 7/3 1928

20 UNDERTAKER J. Fenwick McCully

ADDRESS 130 E. Fort

Spec.—1-12-23—M&T—500 Bks.

35313

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 35313

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S. Charles St. 22-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Leba Cheplowitz.

(a) RESIDENCE NO. 710 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | white | widow |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jacob Cheplowitz

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant M. Cheplowitz (Address) 903 S. Charles St.

15 Filed 2 1926 19 [illegible] Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1926

17 I HEREBY CERTIFY, That I attended deceased from April 5 1926 to July 7 1926, that I last saw h[illegible] alive on July 7 1926, and that death occurred, on the date stated above, at 6[illegible] A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach with metastasis - ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) general carcinomatosis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac Jennings M. D.

7/ 1926 (Address) 4001 E. Balt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hermon Rem — DATE OF BURIAL July 7 1926

20 UNDERTAKER Jack Lewis 1439 E Balt St — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35314

E 35314

CERTIFICATE OF DEATH.

22186-003

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Reisterstom Rd & Liberty Heights Av (Ward)

2-FULL NAME Pasquale Cofelice

(a) RESIDENCE NO. 702 N. Payson St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Cofelice

6 DATE OF BIRTH (month, day, and year) Mar 30-1885

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 43 | 3 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Helper

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. Shops

(c) Name of employer

9 BIRTHPLACE (city or town) Italy

(State or country)

PARENTS

10 NAME OF FATHER Salvatore Cofelice

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Fannie Festa

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Theresa Cofelice

(Address) 702 N. Payson

15 Filed..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) July 1st 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Struck by Auto

(Secondary) (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

July 1 (Signed) T. C. Luck M. D.

18 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial July 4. 1925.

21 UNDERTAKER Randall J Hagner ADDRESS 300 N Edwards

Spec.—8-24-14—M. & T.—2000 Bks.

E 35315

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

25-12 24 E 35315

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Main St. WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lange

(Residence in Baltimore: No. 1408 main (Mt Winans) St.; 40 yrs., ..... mos. ..... ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widowed

6-DATE OF BIRTH, July (Month) 29 (Day), 1846 (Year)

7-AGE. 81 yrs. 11 mos. 10 ds.

If LESS than 1 day, ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Potts Welch

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Welch

(Address) Mt. Winans

15-

Filed....., 191.....

HAMPSON JONES, M. D. Registrar.

L 2 1926

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 27 (Day), 1918 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1924, to June 27 1918, that I saw h[illegible] alive on June 27 1918, and that death occurred, on the date stated above, at 1130 a m.

The CAUSE OF DEATH* was as follows:

Cirrosis Hepatis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Angina pectoris

(Duration) 10 yrs. 10 mos. 4 ds.

(Signed) R. Raymond Adams M. D.

June 30, 1918. (Address) 1 Mt Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn

DATE OF BURIAL. July 29, 1918.

20-UNDERTAKER Mrs. R.G. Elliott

ADDRESS 1725 Eutaw

pec.—2-29-28—L. F. S.—500 Blks.

E 35316 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35316

215 CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St.) 9-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Scott

(a) RESIDENCE NO. 133 Chesapeake ave Towson Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Scott

DATE OF BIRTH (month, day, and year) unknown 1877

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 51 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER George Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 .....

R. BAMPTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29-1928

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1928, to June 29, 1928, that I last saw him alive on June 29, 1928, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
Metastases to Spine

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastases to Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 133 Chesapeake Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Xray

(Signed) Christopher Johnston, M. D.

6/30, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Pleasant Rest Cem | July 3, 1928 |
| 20 UNDERTAKER Thos. G. Elliott | ADDRESS 1725 Ashland Ave |

spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35317

## CERTIFICATE OF DEATH

45

E 35317

1—PLACE OF DEATH

REGISTERED NO. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 750 McCabe Ave. ST. WARD)

2—FULL NAME Mary E. Humbert

(a) RESIDENCE NO. 750 McCabe ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. D. Humbert

DATE OF BIRTH (month, day and year): June 9th 1853

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | 2 | 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Carroll County, Md.

10 NAME OF FATHER: Elias Bankert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll County, Md.

12 MAIDEN NAME OF MOTHER: Matilda Yingling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll County, Md.

14 Informant: Mrs. E. Lippincott

(Address) 750 McCabe Ave

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1928, to June 30, 1928, that I last saw her alive on June 29, 1928 and that death occurred, on the date stated above, at 6.50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. L. Duncan, M. D.

June 30, 1928 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster, Md. DATE OF BURIAL: July 3rd 1928

20 UNDERTAKER: F. B. Shipper ADDRESS: 850 W. Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

E 35318 E 35318

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2639 (Dulaney) (St.) (WARD) 20-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella J. Jones

(a) RESIDENCE No. 2639 Dulaney ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jones

6 DATE OF BIRTH (month, day, and year) Dec 21-1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 6 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Lupus

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Colley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs. Jones (Address) 2639 Dulaney St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 29, 1928, that I last saw h[illegible] alive on June 29, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro Pulmonary Clot

Interstitial Nephritis Endocarditis

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 205 Holliday

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL July 2nd 1928

20 UNDERTAKER H. B. Wiglesworth ADDRESS 1534 Balto St

Spec.—1-10-21—M&T—1500 Blks.

E 35319

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35319

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 Diamond ST. 425 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Randolph Burton

(a) RESIDENCE No. 318 Diamond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Burton

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE — Years: 48 — Months: — Days: — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stauffer

(b) General nature of industry, business, or establishment in which employed (or employer): 02

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Lillian Burton (Address): 318 Diamond St.

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1928, to June 29, 1928, that I last saw him alive on June 28, 1928 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease Heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clin. Exam

(Signed) Frank E. Magnus M. D.

6/29 1928 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: July 1 28

UNDERTAKER: Emma Kennedy

ADDRESS: 708 Edmondson

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35320

## CERTIFICATE OF DEATH.

161-001

E 35320

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 76 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Phillips

(a) RESIDENCE NO. 716 S. Second St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 27, 1928

7 AGE Years | Months | Days 2 | If LESS than 1 day, hrs. 13 or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Theodore F. Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Bethschulte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant C. H. Peckham M. D.

(Address) Johns Hopkins Hospital

15 Filed JUL 2 1928 AM [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-27, 1928 to 6-30, 1928

that I last saw her alive on 6-30, 1928

and that death occurred, on the date stated above, at 6.08 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Peckham, M. D.

7-2-, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL First Evangelical Cemetery

DATE OF BURIAL July 2 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway

Spec.—12-9-25—A Co.—200 Bks.

321

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74001

E 35321

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hosp. of Balto, St.) 10-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Bernstein

(a) RESIDENCE NO. 800 Aisquith St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? 35 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nonna Bernstein

6 DATE OF BIRTH (month, day, and year) 1871

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 57 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Abraham Bernstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Bessie —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mrs Nonna Bernstein

(Address) 800 Aisquith st

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

2 1926

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July. 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from July. 1, 1928, to July. 2, 1928, that I last saw h[illegible] alive on July. 2, 1928, and that death occurred, on the date stated above, at 1.2 02 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Theodore Kohn, M. D.

7/2 1928 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave — Date of Burial 7/2 1928

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto st

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35322

## CERTIFICATE OF DEATH

31 E 35322

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 S. Second ST., 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME JAMES J. CIUPINSKI-WAGNER.

(a) RESIDENCE NO. 1106 S. Second ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb., 29-1904.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 24 | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman, 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Bargan House

9 BIRTHPLACE (city or town) Baltimore,
(State or country) MD.

PARENTS

10 NAME OF FATHER Peter Ciupinski-Wagner,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany,

12 MAIDEN NAME OF MOTHER Elezabeth Wisniewski,

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany,

14 Informant Mrs. Elezabeth Ciupinski-Wagner
(Address) 1106 S. Second St.

15 Filed ....., 19.... Registrar

C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 29, 1928, that I last saw h... alive on June 29, 1928, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis meningitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + X ray

(Signed) Hugh B. Letton, M. D.

....., 19.... (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 3rd 1928

20 UNDERTAKER W. J. Sadowski

ADDRESS 705 S. Ann St

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35323

49 E 35323

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital 9-46 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Kate Wagner

(a) RESIDENCE NO. 949 Montpelier St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick P. Wagner.

6 DATE OF BIRTH (month, day, and year): Aug 15 1868

7 AGE — Years: 59. Months: 10. Days: 14.

IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: William Schadrick.

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore

14 Informant: Frederick P. Wagner.

(Address) 949 Montpelier St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/29/28

17 I HEREBY CERTIFY, That I attended deceased from 6/11/28, 19..., to 6/29/28, 19...,

that I last saw him alive on 6/29/28, 19...,

and that death occurred, on the date stated above, at 9 P.M. m.

The CAUSE OF DEATH* was as follows:

Abdominal Carcinomatosis (Probably Primary in Pancreas)

(duration) ... yrs. 2 to 6 mos. ... ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 6/25/28

Was there an autopsy? —

What test confirmed diagnosis? Operation

(Signed) J. S. Whitehead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Cathedral Cemetery — Date of Burial: June 3 1928

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Eutaw Pl.

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35324

## CERTIFICATE OF DEATH.

161 E 35324

1-PLACE OF DEATH 1410 Grace Ct Curtis Bay

CITY OF BALTIMORE: (No. ) (St. 95-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Yeager

(a) RESIDENCE NO. 1410 Grace Ct ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1 - 1928

7 AGE: Years | Months | Days: July 1 | If LESS than 1 day 1/2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Joseph Yeager

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Dorothy Hasse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: J. Yeager (Address) 1410 Grace Ct

15 Filed ... 19... Registrar

JUL 2 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 1, 1928, that I last saw her alive on July 1, 1928, and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Prematurity: (34 weeks uterine gestation).

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Morris Reese M. D.

7/2, 1928 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: July 2 1928

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS: 403 S. Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

E 35325

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

12/9 E 35325

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No Balto City Hospital St 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hanna

(a) RESIDENCE NO. 806 S Robinson St. / Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Mal | Whit | widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hanna

6 DATE OF BIRTH, (month, day, and year) Jan 31 1848

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 80 | 6 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 040

(b) General nature of industry, business, or establishment in which employed (or employer) Common laborer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Samuel Hanna

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Common Laborer

(Address) 806 S. Robinson

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) [illegible] yrs. mos. ds.

(Signed) James M Fenton M. D.

(Coroner)

6 30 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents only)

At place of death Balto City Hos yrs. mos. 24 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

805 S Robinson St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Baltimore Cemetery July 3rd 1928

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S Wolfe St.

Spec.—1-12-23—M&T—500 Bks.

E 35326 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35326

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 12-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wallace Williams

(a) RESIDENCE No. 1438 Belvedere ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col. | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Manuisa Williams

6 DATE OF BIRTH (month, day, and year) ? 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 0 yr 3

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Friends

(Address)

15 Filed 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-22, 1928, to 7-2, 1928, that I last saw him alive on 7-2, 1928, and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Broncho pneumonia

Pulmonary edema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? ~~no~~ yes

What test confirmed diagnosis? Phys. examination

(Signed) C. Holmes Bond, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 7/5/1928

20 UNDERTAKER Mrs. Geo H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35327.

CERTIFICATE OF DEATH.

161-006 E 35327

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital 4 3-59 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Silverman

(a) RESIDENCE NO. 949 Brooks Lane St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day 5 hrs. or min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Saul Silverman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Mervine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Jack Leurs

(Address) 1439 Eutaw St

15 Filed 19 Registrar

1928 C. HAMPSON JONES, M. D.

RKS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7-1-28

17 I HEREBY CERTIFY, That I attended deceased from 7-1, 19 28, to 7-1, 19 28, that I last saw him alive on 7-1, 19 28, and that death occurred, on the date stated above, at 1:40 p.m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry Weintraub, M. D.

7/2/19 28 Address Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Ahrens Herrn Run 7/2 19 28

20 UNDERTAKER ADDRESS

Jack Leurs 1439 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

E 35328

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35328

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 ST. 0 WARD)

2-FULL NAME Louise Zimmerman

(a) RESIDENCE NO. 1128 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Zimmerman

6 DATE OF BIRTH (month, day, and year): Feb 17-1862

7 AGE — Years: 66 — Months: 4 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Ernest Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lillie Bleasy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Hospital Record (Address)

15 Filed , 19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/1 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/26, 1928, to 7/1, 1928, that I last saw her alive on 7/1, 1928, and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Weeks (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronch. Pneum.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. M. Stuck, M. D.

, 19 (Address) Balt. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: July 3 1928

20 UNDERTAKER: George L. Schnabel — ADDRESS: 2161 Pratt Ave

Spec.—1-12-23—M&T—500 Bks.

E 35329 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35329

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Agnes Hospital ST. 70-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hecker

(a) RESIDENCE NO. 2216 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| 72 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Chas Herring Brother (Address) 433 St. Paul Place

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to July 1, 1928, that I last saw him alive on July 1, 1928, and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchs. Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Clarence Colm, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 3 1928

20 UNDERTAKER George L. Schmidt

ADDRESS 201 Ludlow.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35330

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35330

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1412 Woodwall. ST. 24-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Neubert

(a) RESIDENCE NO. 1412 Woodwall. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W. | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Neubert

DATE OF BIRTH (month, day, and year) Feb 22, 1852

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 4 | 8 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Harry Neubert

(Address) 1430 Woodwall St

Filed ..... 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1928

17 I HEREBY CERTIFY, that I attended deceased from June 7, 1928, to June 30, 1928

that I last saw him alive on " " , 19

and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Indefinite

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. R. Campbell M. D.

7-2, 19 28 (Address) 1640 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cem

DATE OF BURIAL 7/3 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E 35331

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35331

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Parkwood Ave. ST. 43-59 WARD)

2-FULL NAME Katherine D. Ermold,

(a) RESIDENCE NO. 2802 Parkwood Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Ermold,

6 DATE OF BIRTH (month, day, and year) ------

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | -- | -- | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Seitz,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs John E. Ermold
(Address) 2802 Parkwood Ave

15 Filed 2 1928, 19. C. HAMPSON JONES, M. D. Registrar
Fee RRM

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUL 2 1928 19

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to July 1, 1928, that I last saw h-alive on July 1, 1928, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and [illegible] ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) H. L. Kuykendall, M. D.

, 19 (Address) 11 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: JUL 4 1928, 19

20 UNDERTAKER Geo W Little — ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 35332

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35332

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N Bond, st S. 8-17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary U. Baltman

(a) RESIDENCE No. 1637 N. Bond, St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 10 1859

7 AGE: 71 Years 10 Months 5 Days 21 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John N. Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary E. Demuth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Andrew Kaufman

(Address) 1637 N. Bond St

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES M.D.

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 30, 1928, that I last saw h[er] alive on June 30, 1928 and that death occurred, on the date stated above, at 5 A. m

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar V. Sandrock, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 3 1928

20 UNDERTAKER: Robt F. Turner Inc — ADDRESS 1446 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 35333

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35333

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N Montford ST., 7-12 WARD) 29

2-FULL NAME Thomas F Bowden

(a) RESIDENCE NO. 900 N Montford ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 17 - 1853

7 AGE Years 7 Months 3 Days 13 If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Ret'd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Pa

PARENTS

10 NAME OF FATHER Wm Abell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Sarah Takenbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Pa

14 Informant Margaret S Lewis
(Address) 2416 E Preston St

15 Filed ..... 19 ..... Registrar

C HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 19 28

17 I HEREBY CERTIFY, That I attended deceased from April 25 1928 to June 30 1928
that I last saw her alive on June 30 1928
and that death occurred, on the date stated above, at 11:35 P.M.

The CAUSE OF DEATH* was as follows:
Interstitial Nephritis

(duration) 2 yrs. 11 mos ..... ds.

CONTRIBUTORY (Secondary) Mutual Insurance

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis Blood

(Signed) Albert L Hesser M. D.

July 2 1928 (Address) 1948 N Gay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wald Cemetery — DATE OF BURIAL July 3 1928

20 UNDERTAKER Robt J Turner Inc — ADDRESS 12 N Gay

Spec.—12-9-25—A Co.—200 Bks.

E 35334

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

V-003

159 E 35334

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 1-2 Ward)

2-FULL NAME Rose Marie Guerras

(a) RESIDENCE NO. 27 S Hare St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): June 30-1928

7 AGE — Years: — Months: — Days: 2 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Screen D

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Frank Guerras

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Alerita Neary

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Frank Guerras

(Address) 27 S. Hare St

15 Filed.....19.....

HAMPSON JONES, M. D.

Registrar

1928 JUL

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 7-2-28

17 I HEREBY CERTIFY, That I attended deceased from 6-30, 19 28, to 7-2, 19 28, that I last saw h[illegible] alive on 7-2, 19 28, and that death occurred, on the date stated above, at 6 45A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Congenital anomaly of Esophagus Trachea fistulea

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Harry Weinstein, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: July 3 1928

20 UNDERTAKER: John Ulrich ADDRESS 2008 Orleans

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35335

## CERTIFICATE OF DEATH.

90 E 35335

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2020 E. chase St., 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Schmidt

(a) RESIDENCE NO. 2020 E. Chase St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo C. Schmidt

6 DATE OF BIRTH (month, day, and year) June 29-1887

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | 0 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER Martha Wise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Husband

(Address)

15 Filed _____ 19__ _____ Registrar

1926 C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st-28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(History of attacks of indigestion)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Cates M. D.

(Coroner)

7/2/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Dale Lawn Cemetery July 4 1928

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

Cor.—13-9-26—A Co.—200 Bks.

# E 35336

## HEALTH DEPARTMENT—CITY OF BALTIMORE

### CERTIFICATE OF DEATH.

1 103
X 188-9 E 35336

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt. City Hospitals 26-37 Ward)

2-FULL NAME James Hubert

(a) RESIDENCE NO. Annarundel Co St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hubert

6 DATE OF BIRTH (month, day, and year) Feb 22 1897

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 31 | 4 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr Baughman

9 BIRTHPLACE (city or town)

(State or country) Annarundel Co

PARENTS

10 NAME OF FATHER Robert Hubert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Louisa Jackson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Annarundel Co

14 Informant Robert Hubert

(Address) Brooklyn

15 Filed_____, 19____ Registrar

Very Important. See Instructions on Back of Page.

**CORONER'S CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) July 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed & Chest fractured Lung trouble caused Heart failure accidental

(duration) .....yrs. .....mos. 6 days

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Hanlon M. D. (Coroner)

7-2-1928 (Address) 7001 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents Only)

At place of death 3 yrs. mos. 2 days In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Crane Highway

Former or usual residence Annarundel Co

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Furnace Branch W.G.C. 7-4 1928

20 UNDERTAKER ADDRESS

Jas. Wm. Skinner 1625 E. Broadway

1928 C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35337.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35337.

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 E Lombard ST. 3-5 WARD)

2-FULL NAME Catherine White

(a) RESIDENCE NO. 1309 E Lombard ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marty White

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE 24 Years 23 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S C

PARENTS

10 NAME OF FATHER Thomas Hurst

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant Marty White
(Address) 1309 E Lombard St

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

2 1926

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to July 1, 1928, that I last saw her alive on July 1, 1928 and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (Childbirth)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Gubbelyn Hymond, M. D.

July 2 1928 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL South Mills N. C. via Norfolk — DATE OF BURIAL 7-3rd 1928

20 UNDERTAKER Jas. M. Skinner — ADDRESS 162 E. Chase St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35338

## CERTIFICATE OF DEATH.

× 186-03 E 35338

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Ag Hosp 25-72 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward B Ins2

(a) RESIDENCE NO. Albany Hy St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane Insh.

6 DATE OF BIRTH (month, day, and year): Dec 25 1888

7 AGE: Years 39 Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Pennsylvania Central R.R. Co

(c) Name of employer

9 BIRTHPLACE (city or town): N. Y.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Mrs. Jane Insh

(Address) Albany N. Y.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Acc

Fracture of Skull

(Duration) yrs. mos. 3 hrs

CONTRIBUTORY (Secondary)

Shock

(Duration) yrs. mos. 3 hrs

Signed C. Hampson Jones, M. D.

(Coroner)

. 19 (Address) 43 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Albany N. Y. Date of Burial July 3 1928

20 UNDERTAKER: Easton Bros. ADDRESS Ellicott City

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35339 CERTIFICATE OF DEATH. 100-001 E 35339

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Benjamin F. BALTIMORE CITY HOSPITALS ST. 345 (WARD)

2-FULL NAME Benjamin F. Newsham

(a) RESIDENCE No. 104 Albemarle ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Maryland

PARENTS

10 NAME OF FATHER Francis Newsham

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) ?

14 Informant ..... (Address) Relative

15 Filed ..... 19 ..... Registrar

BALTIMORE CITY HOSPITALS
JUL 7 1928
HAMILTON JONES, M. D.
Registrar of Vital Statistics
THE MORGUE

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26/1928

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1928 to June 26, 1928

that I last saw him alive on June 26, 1928

and that death occurred, on the date stated above, at 2:00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis chronic

Acute. (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General + Sac

(Signed) C. Holmes Boyd, M. D.

, 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL 7-26-28

UNDERTAKER John C. Mitchell & Son ADDRESS .....

19 1928

Dr. H. I. Russell 1908 Eutaw Pl.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35340

## CERTIFICATE OF DEATH.

31 E 35340

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Jones.

(a) RESIDENCE No. 919 Pearl Wall ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | ? |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 66 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wade Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elmyra ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant BALTIMORE CITY HOSPITALS

(Address) Relative. UNIVERSITY OF MARYLAND

15 Filed ....., 19.... Registrar

THE MORGUE

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26/ 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 31, 1927, to June 26, 1928

that I last saw him alive on June 26, 1928

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) C. Sidney Sargent M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — 19

ADDRESS

JUL 2 - 1928

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35341

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH E 35341

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 3-5 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Byron

(a) RESIDENCE NO. 808 Pratt st. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | -- |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Byron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jeane Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address) UNIVERSITY OF MARYLAND

15 Filed JUL 2 1928, 19 .....

HAMPSON JONES, M. D. Commissioner Health

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to June 29, 1928,

that I last saw him alive on June 29, 1928,

and that death occurred, on the date stated above, at 7.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY .....

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab

(Signed) L. Emmadine M. D.

6-30, 1928 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUL 2 - 1928

REG. WM. R. CONDELL

Spec.—I-12-23—M&T—500 Blks.

E 35342

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

38 E 35342

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS) (WARD)

2-FULL NAME Richard Smith

(a) RESIDENCE NO. 335 State ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | [redacted] married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 47 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14

Informant

(Address)

15

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1 1928

17

I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to 7-1, 1928,

that I last saw him alive on 7-1, 1928,

and that death occurred, on the date stated above, at 11:30 A m

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Syphilis - (General Paralysis) ? or, Brain Tumor.

D (duration) yrs. mos ds.

CONTRIBUTORY Dr anition - (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) C. Wilmer Brown M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 7-3-28

20 UNDERTAKER Daniel Carson — ADDRESS 916 Ca ave

1928 HAMILTON JONES, M. D.

...60.—2-29-28—L. F. S.—500 Bks.

1-54 2

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1 E 35343

## CERTIFICATE OF DEATH

109-60v E 35343

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 11-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marion Haggans

(a) RESIDENCE NO. 121 Amity St Balto Md ST., ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~ |
|---|---|---|
| Female | Col- | Baby |

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 7 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Alexander Haggans

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Ida Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Coroner

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2-1928

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to July 2, 1928, that I last saw h[illegible] alive on July 2, 1928 and that death occurred, on the date stated above, at 4 55 p.m.

The CAUSE OF DEATH* was as follows:

Retropharyngeal abscess

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Not known

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? None

(Signed) Lyman Mehrl, M. D.

7-2-, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | July 3 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lenard Whaley | 648 Pierce St. |

Spec.—1-12-23—M&T—500 Bks.

E 35344

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35344

15-001 Hamilton

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3108 (St.) White Ave (WARD) 15-67

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cynderella Baxley

(a) RESIDENCE NO. 3108 White ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: John W Baxley

6 DATE OF BIRTH (month, day, and year): Jan 24-1847

7 AGE — Years: 81 — Months: 5 — Days: 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edward Hawbury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elenora Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Rigle (Address) 3108 White Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to July 1st, 1928, that I last saw h[illegible] alive on July 1st, 1928, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteri sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Sweet, M.D.

7/3/28 (Address) 4 Wellington Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: July 5 1928

20 UNDERTAKER: A S Marshall — ADDRESS: 3539 Fall Road

JUL 6 1928 C. HAMPSON JONES, M. D.

Cor.—12-9425—A Co.—200 Bks.

E 35345

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1926-003

E 35345

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Fr Sy Hosp. St. 18-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick S Parker

(a) RESIDENCE NO. 1028 N. Lex St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. 29 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, ~~Married, Widowed,~~ or Divorced (write the word) |
|---|---|---|
| M | C | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1-20

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 8 | | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Charles Parker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) D. C. Md

12 MAIDEN NAME OF MOTHER Ida Atwood

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Charles Parker

(Address) 1028 N. Lexington

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Chronic

Fracture of Skull

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

Signed 6 E Blake M. D.

(Coroner)

6/28, 19 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — Date of Burial 7-3-1926

20 UNDERTAKER Hamil N. Crase — ADDRESS 1400 Mosher

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35346

E 35346

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Mullinan ST.; 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sewell

(a) RESIDENCE. NO. 1621 Mullinans ST.. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Sewell

6 DATE OF BIRTH (month, day, and year): Apr 14- 87

7 AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 | 2 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lavinia Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Charles Cole

(Address) 1118 E. Gilmor

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30th 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 11, 1928, to June 30, 1928, that I last saw her alive on June 29th, 1928, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) One yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Philadelphia

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Laparotomy

(Signed) D. Baintfoot, M. D.

, 19 (Address) 354 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 7-3-1928

20 UNDERTAKER: Sam'l W. Chase & Son — ADDRESS: 1400 Madison

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35347

CERTIFICATE OF DEATH.

37-001 E 35347

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 1-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Wisniewski

(a) RESIDENCE NO. 1117 S. Bunny St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 8 1927

7 AGE: Years 1 Months 5 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Andrew Wisniewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Clara Kordowski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Andrew J Wisniewski

(Address) 1117 S. Bunny St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July x, 1928

17 I HEREBY CERTIFY, That I attended deceased from July x, 1928, to July x, 1928, that I last saw h.er alive on July x, 1928, and that death occurred, on the date stated above, at 1.0 p.m.

The CAUSE OF DEATH* was as follows:

Tbc meningitis

(duration) yrs. mos. 1 d. ds.

CONTRIBUTORY (Secondary) Miliary Tbc

unknown (duration) yrs. mos. ds.

18 Where was disease contracted unknown

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Meyer Mullat, M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. Date of Burial July 4 1928

20 UNDERTAKER: Stephen J. Fialkowski ADDRESS 1000 S. Kenwood Ave.

Per [illegible] Registrar

Spec.—1-12-23—M&T—500 Bks.

E 35348

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

12 E 35348

REGISTERED NO. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

2-FULL NAME August Friedenberg

(a) RESIDENCE No. 240 Upner Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Under one year ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Autumn

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Godfrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Christine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Record

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-5, 1928, to 7-1, 1928, that I last saw h[illegible] alive on 7-1, 1928 and that death occurred, on the date stated above, at 12.35 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Chronic

Tabes Dorsalis.

Chancer Knee (Betateral)

Syphilis (duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam -

(Signed) C. Lawrence Bonney, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL July 3 1928

20 UNDERTAKER Harry H. Witzke

ADDRESS 1534 N. Lombard St.

Spec.—1-10-21—M&T—1500 Bks.

E 35349

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Caroline & Preston Sts., Ward 2nd)

REGISTERED NO. E 35349

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard L. Morrison

(a) RESIDENCE NO. 2514 Wilson ave WARD Balto Md.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Augusta H. Morrison

6 DATE OF BIRTH (month, day, and year) Sept 3, 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 55 | 56 | 9 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER Francis E. Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Georgiana Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank E. Morrison

(Address) 2514 Wilson Ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3-28

17 I HEREBY CERTIFY, That I attended deceased from 6-25-28, 19... to 7-3-28, 19..., that I last saw him alive on 7-3-28, 19..., and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Inguinal Hernia

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-27-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical course

(Signed) A B Hendrix, M. D.

, 19... Address St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL July 6 28

20 UNDERTAKER Harry H. Witzke — ADDRESS 1531 W. Lombard

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Charles N. White

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90E 35350

F 35350

REGISTERED NO.

1-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. WARD)

2-FULL NAME Charles Wesley White

(a) RESIDENCE NO. 1119 So Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) May 14-1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 1 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas W. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Caroline Witzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Record

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-26, 1928, to 7-1, 1928, that I last saw him alive on 7-1, 1928, and that death occurred, on the date stated above, at 845 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute
Aortic Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatic Heart Disease, Mitral Stenosis Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. Holmes Gibson, M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Carmel Cemetery | July 4 1928 |

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager st

Cor.—12-9-25—A Co—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35351

## CERTIFICATE OF DEATH.

188-003

95-76

E 35351

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond H. Collins.

(a) RESIDENCE NO. 108 Third St. Wagners Point St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 22, 1921

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 6 | 11 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H. Collins.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Anna E. Burke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant William H. Collins. (father)

(Address) 108 Third St. Wagner's Point.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull, Struck by an automobile while playing in the street

Accidental Death

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

7/2, 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Centre near 3rd St. Wagner's Point.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial July 4 1928

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS Baltimore St & Broadway

Spec.—1-12-23—M&T—500 Blks.

E 35352 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35352

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3234 Ravenwood Ave. (St.) 27-11 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOSEPH COTTRELL

(a) RESIDENCE No. 3234 Ravenwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Cottrell

6 DATE OF BIRTH (month, day, and year) October 7, 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 77 | 8 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer State Hospital For Insane

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Issac Cottrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Gertrude Cottrell (Wife)

(Address) 3234 Ravenwood Ave.

15 Filed ..., 19.. C. HAMPTON JONES, M. D. BY ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from ..., 1927, to June 30th, 1928, that I last saw him alive on ..., 1928 and that death occurred, on the date stated above, at 8.15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Skinner, M. D.

7-2, 1928 (Address) 308 B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | July 4, 1928 |
| 20 UNDERTAKER Henry Sander & Sons Inc | ADDRESS BALTIMORE ST. & BROADWAY |

Spec.—1-12-23—M&T—500 Blks.

E 35353

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 35353

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Melville Ave ST., 9-47 WARD)

2-FULL NAME Wanda Bartosz

(a) RESIDENCE No. 703 Melville Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Cadam Bartosz

6 DATE OF BIRTH (month, day, and year) Jan 9. 1899

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29. | 5 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Ark N.J.

PARENTS

10 NAME OF FATHER Albert Biedron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mastey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant (Address) 703 Melville Ave

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 — 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to July 2 1928, that I last saw h alive on June 2, 1928, and that death occurred, on the date stated above, at 11 15 a m

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) , M. D.

7/2, 1928 (Address) 2701 Poland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary July 4 — 1928

20 UNDERTAKER J W Zagrocki

ADDRESS 1930 Eastern Ave

C. HAWKINS M.D.

U. S. 1928

Cor.—12-1-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35354 E 35354

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospitals St. No 39 Ward) 179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Calvin F. Sparr

(a) RESIDENCE NO. 1544 S. 8th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Sept 28 1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 2 | 9 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

10 NAME OF FATHER John Sparr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Keane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant John Sparr

(Address) 1544 S. 8th St

15 Filed ..... 19 .....

HARRISON JONES, M. D.

Registrar

PARENTS

Very Important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

3° Burns over L side trunk & thigh by falling in Hot water Accidental

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Renlow M. D.

(Coroner)

7 2 1928 (Address) Fort Chester

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1544 S 8th St

Former or usual residence 1544 S 8th St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 7/4 1928

20 UNDERTAKER George J Ruth ADDRESS 1735 Hanford Ave

Spec.—1-10-21—M&T—1500 Blks.

E 35355

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35355

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp ST., (WARD) 9-19

2-FULL NAME Thomas V. O'Connell Sr.

(a) RESIDENCE NO. 1220 E. Federal St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Marie O'Connell

6 DATE OF BIRTH (month, day, and year) June 25-1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 61 | | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Maslas Loan Service

9 BIRTHPLACE (city or town) (State or country) Balt. Md

PARENTS

10 NAME OF FATHER Patrick O'Connell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Son Thom. O'Connell Jr

(Address) 1220 E Federal St

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1 1928 to July 2 1928, that I last saw h alive on July 2 1928 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Generalized Art. Sclerosis with Cerebral Hemorrhage & Hemiplegia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) W B Hendrix M. D.

. 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 6/3 1928

20 UNDERTAKER George J Ruth — ADDRESS 1735 Harford Ave

TION is very important. See instructions on back of certificate.

1928 C. HARRY JONES, M. D.

Registrar

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35356

## CERTIFICATE OF DEATH

129

E 35356

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St. 725-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hand.

(a) RESIDENCE NO. 249 Potapsco St. Westport St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John Hand.

6 DATE OF BIRTH (month, day, and year) Dec 1858?

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min.. |
|---|---|---|---|---|
| 69 | 69 years? | 7 | ? | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shore Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER John Hand

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mrs. Chapman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hospital Records.

(Address)

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7/2/28

17 I HEREBY CERTIFY, That I attended deceased from 6/30, 19 28, to 7/2, 19 28, that I last saw h.[illegible] alive on 7/2, 19 28, and that death occurred, on the date stated above, at 4.45 p m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Nephritis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Exam.

(Signed) Jno. Hampton Smith M. D.

19 (Address) 1726 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters

Date of Burial July 3 1928

20 UNDERTAKER Geo. M. Fritz Sr.

ADDRESS Gilmor

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35357

## CERTIFICATE OF DEATH

129 E 35357

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3411 Taylor Ave. Parkville, St. 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James O. Morgan

(a) RESIDENCE NO. 3411 Taylor Ave., Parkville St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Morgan

6 DATE OF BIRTH (month, day, and year) April 21, 1858

| 7 AGE | Years | Months | Days | IF LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 2 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Truck Farmer

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Harford Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Morgan

11 BIRTHPLACE OF FATHER (City or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J. Holland

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.
(State or country) Maryland

14 Informant Isabella Morgan
(Address) 3411 Taylor Ave.

15 Filed JUL 3 1928 C. HAMILTON JONES, M. D. Registrar

Per Kelly

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1928 to July 1, 1928

that I last saw him alive on July 1, 1928

and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Uremia

CONTRIBUTORY (Secondary) Edisonic Interstitial Nephritis (duration) yrs. 12 mos. Long ds. several years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B Green M. D.

7/3 1928 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Century Date of Burial July 5 1928

20 UNDERTAKER Frederick Lassahn Son ADDRESS Fullerton

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35358

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57 E 35358

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 E Oliver ST., 8-16 WARD)

2-FULL NAME Amelia Handler

(a) RESIDENCE No. 2622 E. Oliver ST., WARD.....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Handler

6 DATE OF BIRTH (month, day, and year) Dec. 16 1861

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 66 | 6 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Brauer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Rossbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. F. Handler

(Address) 2622 E. Oliver St.

15 Filed ..... 19..... HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 30th 27, 19..... to July 1st, 19 28

that I last saw h.... alive on July 1st, 19 28

and that death occurred, on the date stated above, at 3.20 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Coma

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) ..... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Geo. Stoner, M. D.

19 28 (Address) 150 S. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Balto. Cem | July 4 1928 |

20 UNDERTAKER Mc Mc. John W. Teufel & Son ADDRESS 601 N. Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

ES 35359

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-501 E 35359

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred Horsey

(a) RESIDENCE NO. 1247 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 4-8-28

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 3 mos. | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Eph. Horsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Bertha Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUL 3 1928, 19 C. HAMPSON JONES, M. D. Registrar

1928 No. 9594

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30-28

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to June 30, 1928, that I last saw her alive on June 30, 1928 and that death occurred, on the date stated above, at 12 45 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Starvation

(duration) yrs. mos 2 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

Who [redacted] C. Lyman Meeks M.D.

(Signed) Johns Hopkins Hosp. M. D.

July 2, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| | 19 |
| 20 UNDERTAKER ADDRESS | JUL 3 1928 |

JOHNS HOPKINS HOSPITAL

(Commissioner of Health.)

Spec.—1-10-21—M&T—1500 Bks.

E 35360

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35360

## CERTIFICATE OF DEATH.

109

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp ST., 7-13 WARD)

2-FULL NAME Mary J. Cobb

(a) RESIDENCE NO. 1014 N Broadway ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | — | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Steubenville O

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant Frank A Cochran
(Address) 701 W. Lan St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-20, 1928, to 7-2, 1928,

that I last saw h.r alive on 7-2, 1928,

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows: Septic Sore Throat.
~~Acute Oedema of Glottis~~

(duration) yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Oedema of Glottis.

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) George C Baird, M. D.

, 19 (Address) 2603 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Steubenville, Ohio

DATE OF BURIAL 7/3/1928

20 UNDERTAKER Willard Cook

ADDRESS 50 E. South ave.

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 35361

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35361

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2723 Reese St., 9-46 Ward)

2-FULL NAME Benjamin Franklin Reed

(a) RESIDENCE NO. 2723 Reese St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Katherine Staub

6 DATE OF BIRTH (month, day, and year) April 17, 1848

| 7 AGE Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|
| 79 | 2 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Fish Business

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER ------ Reed

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country): Maryland

12 MAIDEN NAME OF MOTHER Unobtainable

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country): Unobtainable

14 Informant: Mrs. Mary K. Reed

(Address) 2723 Reese Street

15 Filed July 19 28 C. HAMPSON JONES, M. D. Registrar

1520 Par

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1928

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to July 1, 1928, that I last saw him alive on July 1, 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cancer

(duration) ____ yrs. ____ mos. 2 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. S. Summerman M. D.

7/1, 1928 (Address) 2938 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: 7/3 1928

20 UNDERTAKER: Henry W. Myers & Son — ADDRESS: 805 N. Calvert

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35362

## CERTIFICATE OF DEATH.

E 35362

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2620 N. Charles St. 17-5 WARD)

2-FULL NAME J. Harry Nicholson

(a) RESIDENCE. No. 2620 N. Charles ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., If of foreign birth? yrs mos ds

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14 1856

7 AGE — Years: 71 — Months: 11 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ellicotts City Md

PARENTS

10 NAME OF FATHER: Henry L Nicholson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Annie Feeley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ellicotts City Md

14 Informant: Harry L Nicholson (Address) 1100 Guilford Ave

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

JUL 3 1928 RRH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to July 2, 1928, that I last saw him alive on June 21, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease
Arterio sclerosis marked diabetes

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Wm. H. Pledger M. D.

(Address) 2105 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: July 5 1928

20 UNDERTAKER: George J Smith & Hallin — ADDRESS 1532

Spec.—1-12-23—M&T—500 Blks.

E 35363

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35363

## CERTIFICATE OF DEATH.

90

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 N. Montford St. 8-16 WARD)

2-FULL NAME Lillie M. Arenz

(a) RESIDENCE No. 1606 N. Montford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Harry C. Arenz

6 DATE OF BIRTH (month, day, and year) Sept. 15 79

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 9 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frank K. Harting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Harry C. Arenz

(Address) 1606 N. Montford

15 Filed ... C. HAMPSON JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1928

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1928, to July 1, 1928, that I last saw her alive on July 1, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

Heart

(duration) 2? yrs. mos ds.

CONTRIBUTORY (Secondary) acute dilatation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) D. Lee Magness M. D.

7/2 1928 (Address) 1906 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk

DATE OF BURIAL 7/4 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Blks.

E 35364 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35364

CERTIFICATE OF DEATH. (Gardenville) 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4019 Bellwood Av ST. 27-43 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carolyn M. Springer

(a) RESIDENCE No. 4019 Bellwood Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8 16

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 11 | 10 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry L. Springer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Edith M. Tucker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Estella Schafline

(Address) 4019 Bellwood Av

15 Filed , 19 Registrar

HAMPSON JONES, M. D.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1928

17 I HEREBY CERTIFY, That I attended deceased from May 27 28, 19 , to July 2 28, 19 , that I last saw h alive on July 2 28, 19 , and that death occurred, on the date stated above, at 2 05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Pulmonary Tuberculosis (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H S Mollo, M. D.

July 3 28, 19 (Address) 1203 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL 7/5 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35365

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35365

1—PLACE OF DEATH

REGISTERED NO. 129

CITY OF BALTIMORE: (No. 4105 Kathland Ave ST. 15-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Hokamp

(a) RESIDENCE NO. 4105 Kathland Ave ST.. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W. | Widowed |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. H. Hokamp

7 DATE OF BIRTH (month, day, and year) June 7, 1843

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | — | 25 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balt Md

10 NAME OF FATHER Michael Kraft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Downs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant H. Towner

(Address) 4105 Kathland Ave

15 Filed ..., 19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3. 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1928, to July 3rd, 1928, that I last saw h.. alive on July 2nd, 1928 and that death occurred, on the date stated above, at 12.55A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterio-Sclerosis.

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Pneumonia.

(Signed) Helmuth Stellmann, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Hill Park | July 5 1928 |
| 20 UNDERTAKER H. C. Cook | ADDRESS 503 E Madison |

Spec. 6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35366

## CERTIFICATE OF DEATH.

159 002

E 35366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1904 (Street) Riggs Ave (Ward) 16-22

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Curnoles

(a) RESIDENCE. No. 1904 Riggs Ave WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 hrs How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 If Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 3, 1928

7 AGE: Years Months Days If LESS than 1 day, 8 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Clarence Curnoles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md

12 MAIDEN NAME OF MOTHER: Catherine Weiland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Clarence Curnoles

(Address) 1904 Riggs Ave

15 Filed . 19

C. HAMPSON JONES, M. D.

Registrar

3 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3 1928

17 I HEREBY CERTIFY, That I attended deceased from July 3. 1928, to July 3. 1928.

that I last saw h alive on July 3. 1928.

and that death occurred, on the date stated above, at 12:45 m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam.

(Signed) Charles Taggart M. D.

. 19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 7/4 28

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Fayette

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35367.

## CERTIFICATE OF DEATH

74-01 E 35367.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N. Patterson Pk Ave ST., 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa Hartmann

(a) RESIDENCE NO. 835 N. Patterson Pk Ave ST., 7 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 2 mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced (or) WIFE of Adam L. Hartmann

DATE OF BIRTH (month, day, and year) May 2, 1861

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 67 | 2 | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER Adam Justus

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Adam L. Hartmann

(Address) 835 N. Patterson Pk Ave

Filed ....., 19 .....

C. HAMPSON JONES, M. D.

1928 Mar

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 3, 1928, to July 2, 1928

that I last saw her alive on July 2, 1928

and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 29 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Vincent V. Foska, M. D.

, 19 (Address) 845 N. Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart Cemetery | July 5 1928 |

20 UNDERTAKER Lilly & Zilch

ADDRESS 403 S. Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

(Holtz)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35368

# CERTIFICATE OF DEATH.

94 E 35368

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Holtz

(a) RESIDENCE NO. 714 S. Clinton St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | S |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 13/25

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 2 | 6 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frank G. Holtz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katie Wild

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Father

(Address)

15 Filed 19

Registrar

C. HAMPSON JONES, M. D.

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis- Cervical Adenitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Price M. D.

(Coroner)

7/3/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial July 5 1928

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

(Corbin)

E 35369 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35369

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto. City Hospitals REGISTERED NO. 11-51

CITY OF BALTIMORE: (No. ..... ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Porter Corbin

(a) RESIDENCE NO. 105 W 25th St ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/22 1903

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 4 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Han Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant ..... (Address) 1127 Bennett

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/22, 1928, to 6/29, 1928, that I last saw h[illegible] alive on 6/29, 1928, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

Duration yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

Duration yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 6/25/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. Sylvester Gorsch, M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL July 4, 1928

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

Spec.—f-10-2f—M&T—1500 Bks.

E 35370 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35370

CERTIFICATE OF DEATH. 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Gregory Ave ST. 20-29 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Heinlein

(a) RESIDENCE NO. 423 Gregory Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth K. Heinlein

6 DATE OF BIRTH (month, day, and year) Sept. 25-1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 10 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John G. Heinlein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Cora B. Fogle

(Address) 423 Gwynn Oak Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/3 19 28

17 I HEREBY CERTIFY, That I attended deceased from March 15, 19 28, to July 3, 19 28,

that I last saw h alive on July 3, 19 28,

and that death occurred, on the date stated above, at 11 22 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin H. Otte M. D.

7/3, 19 28 (Address) 735 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL July 5, 1928

20 UNDERTAKER Josiah Syfer ADDRESS 1600 W. Lombard

Spec.—1-12-28—M&T—500 Blks.

E 35371

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35371

## CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 E. 28th ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Franc Cottle Evans

(a) RESIDENCE NO. 1822 E. 28th ST., WARD New York N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph J. Evans

6 DATE OF BIRTH (month, day, and year): July 24, 1853

7 AGE: Years 74 | Months 11 | Days 8 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): San Francisco Cal.

PARENTS

10 NAME OF FATHER: Franklin D. Cottle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Edgartown Martha's Vineyard-Mass

12 MAIDEN NAME OF MOTHER: Hepsy Daggett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Martha's Vineyard-Mass.

14 Informant: Mr. Ralph C. H. Evans

(Address) 1822 E. 28th St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2 1928

17 I, HEREBY CERTIFY, That I attended deceased from April 23, 1928, to June 2, 1928.

that I last saw her alive on June 2, 1928

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Malignant Cystoma of Ovary (Lt.)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Acute Kaso-motor Failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? New York City

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Chas. Wilbur Stewart, M. D.

7/2 1928 (Address) 1738 E. 28th ST

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~ CREMATION OR ~~DE~~: London Park Cem. DATE OF BURIAL: July 4 1928

20 UNDERTAKER: Wm. Fleischer Sons ADDRESS: North St.

Spec.—1-12-23—M&T—500 Blks.

E 35372

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100E 35372

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. Wards

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luther Billingslea

(a) RESIDENCE NO. 516 Glenwood Ave Towns. ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced (Husband of or) WIFE of Mrs Luther Billingslea

6 DATE OF BIRTH (month, day, and year) 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or ..... min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-26 ..., 1928, to 7-3 ..., 1928, that I last saw h/m alive on 7-3 ..., 1928, and that death occurred, on the date stated above, at 5:30a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Senility
(duration) ..... yrs. ..... mos 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis Path. Lab & Clinical

(Signed) Henry C Smith, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto, Co. Mt Zion Cem.

DATE OF BURIAL July 6 1928

20 UNDERTAKER John E Slade

ADDRESS Towson Md.

Spec.—1-12-23—M&T—500 Blks.

E 35373 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35373

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 John St. (St.) (11-20 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Jenkins

(a) RESIDENCE No. 1712 John ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 23, 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 1 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Benjamin W. Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Frances Hazlehurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Miss Marcella T. Jenkins (Address) 1712 John Street

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1928

17 I HEREBY CERTIFY, That I attended deceased from October, 1927, to July 2, 1928, that I last saw h[illegible] alive on July 2, 1928, and that death occurred, on the date stated above, at 1020 P. m.

The CAUSE OF DEATH* was as follows:

General Carcinosis - Ut.
Ruptur of Rectal ca. [illegible]
about 3 days (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? (Rectal carcinoma) May 1926

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles O'Donovan, M. D.

19 (Address) 1 E. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 7/4 19 28

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Calvert

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35374

## CERTIFICATE OF DEATH.

1 88 E 35374

1-PLACE OF DEATH

City of BALTIMORE: (No.) Union Memorial Hospital (Ward) 12-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Edwin Beatty

(a) RESIDENCE NO. 2740 St. Paul St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 5 mos. 2 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1854

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 74 | 5 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ticket Supply

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer B. & O. Railroad

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George Beatty

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Caroline Shockley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Jos. O. Harrison

(Address) 636 D St., N.E. Wash., D.C.

15 Filed ..... 19 .....

Registrar

1928 C. HAMPSON JONES

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2 . 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows: Internal Injuries from Fall Due to Accident

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) John Morrison M. D.

(Coroner)

7/3 . 1928 (Address) 3672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial 7/4 1928

20 UNDERTAKER Henry W. Mears 2nd & Son — ADDRESS 802 N. Calvert

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35375

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90

REGISTERED NO. E 35375

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME DR OMAR PANCOAST

(a) RESIDENCE NO. 50 W BIDDLE ST ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

6a If married, widowed, or divorced HUSBAND of [redacted] Josie Ford MRS OMAR PANCOAST

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 56 | 9 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work PHYSICIAN

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER JAMES Pancoast

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER CHARLOTTE HUNMAN

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant RECORDS
(Address)

15 Filed ..... 19 .....

JOHNS HOPKINS HOSPITAL
C. HAMILTON JONES, M.D.
JUL 4 1928

•Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to July 2nd, 1928, that I last saw him alive on July 2nd, 1928 and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Myocardial failure
Coronary thrombosis
Hypertension

(duration) — yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Obesity. See Anaemia

(duration) 30 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James Bordley 1st, M. D.

7-3, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Burial Ground — DATE OF BURIAL 7/5, 1928

20 UNDERTAKER Henry U. Mears & Son — ADDRESS 805 N. Calvert

Spec.—2-29-28—L. F. S.—500 Bks.

E 35376 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 35376

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 212 S. Fulton Ave ST. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Beck

(a) RESIDENCE NO. 212 S. Fulton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Beck

6 DATE OF BIRTH (month, day, and year) April 16, 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 2 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltiomre Md.
(State or country)

PARENTS

10 NAME OF FATHER George Beck

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mary Beck
(Address) 212 S. Fulton Ave.

15 Filed 19 Registrar

4 1928 HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 - 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to July 2, 1928
that I last saw h[illegible] alive on July 2, 1928
and that death occurred, on the date stated above, at 6,30 a m.

The CAUSE OF DEATH* was as follows:

Chronic tabular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sym Symptoms

(Signed) [illegible] M. D.

7/3, 19[illegible] (Address) 571 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | July 5 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Harry A. Witzke | 1531 W. Lombard |

Spec.—1-10-21—M&T—1500 Bks.

E 35377

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35377

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) (WARD)

2-FULL NAME Sister Entropia Rohout

(a) RESIDENCE NO. Notre Dame Convent ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26 1903

7 AGE: Years 25; Months 11; Days 6.

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sisterhood

(b) General nature of Industry, business, or establishment in which employed (or employer): Domestic work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER Frank ? Rohout

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary ?

12 MAIDEN NAME OF MOTHER Mary ? ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Hungary

14 Informant: Hospital records (Address)

15 Filed , 19 . Registrar

4 1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-28 19

17

I HEREBY CERTIFY, That I attended deceased from 6-23-28, 19 , to 7-2-28, 19 ,

that I last saw h[illegible] alive on 7-2-28, 19 ,

and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

Nephroptosis

Chron appendicitis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Embolism Coronary

(duration) 3 days mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-23-28

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Notch Cliff Md. DATE OF BURIAL: July 5 19 28

20 UNDERTAKER: Frank A. Kreutz ADDRESS: 916 N. Gay St

Spec—12-23-21—E.B.R.S.—400 lks.

E 35378

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35378

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1314 N Montford St., 8 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victorine Bena

(a) Residence No. 1314 N. Montford St., 8 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: August Bena

6-DATE OF BIRTH (month, day and year): Sept 1860

7-AGE: 67 yrs. 9 mos. 20 ds.

If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): France

PARENTS.

10-NAME OF FATHER: Joseph Grodemange

11-BIRTHPLACE OF FATHER (city or town) (State or Country): France

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): France

14-

(Informant) Mrs. George Meyer

(Address) 1314 N. Montford Ave.

15-

Filed ..... 192

Registrar.

C. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): July 2 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928 to July 2, 1928

that I last saw h[illegible] alive on July 2, 1928

and that death occurred, on the date stated above, at 5:50 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) X yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Stevens M.D.

July 3, 1928 (Address) 1305 N Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL, July 5 1928

20-UNDERTAKER: George L. Schwab

ADDRESS 2161 Pulaski Ave

Rec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35379

## CERTIFICATE OF DEATH.

3 E 35379

1-PLACE OF DEATH

Registered No. 20-70

City of BALTIMORE: (No. 3660 Morley Ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E. Evans

(a) Residence No. 3660 Morley Ave St., ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, Widowed, or ~~Divorced~~. (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Evans

6-DATE OF BIRTH (month, day and year) Aug 16, 1848

7-AGE. 79 yrs. 10 mos. 16 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) Delaware (State or Country),

PARENTS

10-NAME OF FATHER, George Reed

11-BIRTHPLACE OF FATHER (city or town) Maryland (State or Country),

12-MAIDEN NAME OF MOTHER, Sarah E. Powell

13-BIRTHPLACE OF MOTHER (city or town) Delaware (State or Country),

14- (Informant) Mrs. Walter Evans

(Address) 3660 Morley

15- Filed JUL 4 1928 HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 2 1928

17- I HEREBY CERTIFY, That I attended deceased from June 22, 1928 to July 2, 1928

that I last saw her alive on July 1, 1928

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Acute Pyelonephritis,

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination of Urine

(Signed) H. H. Jones M. D.

, 19 (Address) 351 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Western Cemetery

DATE OF BURIAL, July 5 1928

20-UNDERTAKER, George L. Schwab

ADDRESS 2101 Eutaw Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35380

## CERTIFICATE OF DEATH.

E 35380

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2642 Huntingdon Ave ST.) 12-51 (WARD)

2-FULL NAME Thomas W. Biddle

(a) RESIDENCE. No. 2642 Huntingdon Ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Florence V. Biddle

6 DATE OF BIRTH (month, day, and year) Jan 16 - 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 5 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Gas Elec Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER John W. Biddle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Gabriella Smaier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) Mrs Florence V. Biddle 2642 Huntingdon Ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1928

17 I HEREBY CERTIFY that I attended deceased from Dec 12, 1927 to July 3 1928

that I last saw h alive on July 3 1928

and that death occurred, on the date stated above, at 12.05 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma of Pancreas

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Dec 12, 27

Was there an autopsy? No

What test confirmed diagnosis? Path Mic

(Signed) La Richardson M. D.

July 3, 1928 (Address) 112 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: July 6/28

20 UNDERTAKER: A S Marshall — ADDRESS: 3539 Fall Road

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35381

## CERTIFICATE OF DEATH.

E 35381

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3510 Benson ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Ida Wilson

(a) RESIDENCE No. 3510 Benson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced; (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 - 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 11 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Laurel, Md

PARENTS

10 NAME OF FATHER George W. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachel Penn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Anna Wilson

(Address) 3510 Benson St

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1928

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to July 3, 1928, that I last saw h alive on July 3rd 1928, and that death occurred, on the date stated above, at 9, 30 p. m.

The CAUSE OF DEATH* was as follows:

Dementia Paralytica

(duration) — yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Routine

(Signed) C. H. Richardson, M. D.

, 19 (Address) 850 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Bamfds, DATE OF BURIAL July 6/28

20 UNDERTAKER D S Marshall ADDRESS 3539 Fall Rd

HAMILTON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35382

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

38 E 35382

REGISTERED NO.

1-PLACE OF DEATH Balto City Hospls.

CITY OF BALTIMORE: (No. Balto Md. St. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilly Tucker or Smith

(a) RESIDENCE No. 1203 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Divorced |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospl (Address) Balto Md

15 Filed 1928 C. HANSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-4 1928 to 7-3 1928

that I last saw h[illegible] alive on 7-2- 1928

and that death occurred, on the date stated above, at 7.35 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

General Paralysis of Insane

(duration) 0 yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Anatomical + Clinical

(Signed) Harry P. Bowers M. D.

7/3 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mary Carls N. Co. DATE OF BURIAL July 4 1928

20 UNDERTAKER Robt J Turner & Co ADDRESS 1942 N. Broadway

Spec.—1-12-23—M&T—500 Bks.

E 35383

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

124 E 35383

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST. 1600 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Andrews

(a) RESIDENCE NO. 2911 Belmont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Mary Regina Martin.

6 DATE OF BIRTH (month, day, and year): June 21 1866

7 AGE: Years 62 | Months 0 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Police Sergeant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balt Police Department.

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Henry J Andrews.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Carver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: E. Leroy Andrews

(Address) 8 E Cedar St.

15 Filed 1928 19 HANSON JONES M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2 1928

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to July 2, 1928,

that I last saw him alive on July 2, 1928,

and that death occurred, on the date stated above, at 6:21 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Gall Bladder with peritonitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Deferium Tremens

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 27, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Paul Schuster, M. D.

, 19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: 7-5-28.

20 UNDERTAKER: M. Fahey & Sons — ADDRESS: 627 W North Ave.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35384

## CERTIFICATE OF DEATH.

124 E 35384

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Durham ST., 2-4 WARD)

2-FULL NAME Wladyslaw Szymanski

(a) RESIDENCE No. 503 S Durham ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Szymanski

6 DATE OF BIRTH (month, day, and year) 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 50 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer General Electric Co

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Adam Szymanski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Krasowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Anna Szymanski
(Address) 503 S. Durham

15 Filed ..... 19 .....
C. HARRISON JONES, M. D.
1929 by ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1928

17 I HEREBY CERTIFY, That I attended deceased from June 30 1928 to July 2 1928

that I last saw h alive on July 2 1928

and that death occurred, on the date stated above, at 9 00 m

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart
Trouble & Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was an autopsy?

What test confirmed diagnosis?

(Signed) Wm J. Kaufman, M. D.

(Address) 501 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary July | 5 1928 |

20 UNDERTAKER J W Cazewski ADDRESS 1980 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35385

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 35385

City of BALTIMORE: (No. Hopkins Hospital St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Powder

(a) RESIDENCE NO. 325 S. Castle St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12/26

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 2 | 1 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Leo Powder

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Chicago Ill.

12 MAIDEN NAME OF MOTHER Ruth Bach

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address)

15 Filed ..... 19 ..... Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Autopsy at Hopkins Hospital)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Bell M. D.

(Coroner)

7/4/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. Date of Burial Jul 5 1928

20 UNDERTAKER F W Ozazewski ADDRESS 1981 Eastern ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35386

## CERTIFICATE OF DEATH.

89

E 35386

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 119 S. Schroeder St. 18-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob A. Voight

(a) RESIDENCE NO. 119 S. Schroeder St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie N. Voight

6 DATE OF BIRTH (month, day, and year) January 5 1875

| 7 AGE | Years | Months | Days | IF LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | 5 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer The Balto Enamel & Novelty Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER ----Voight

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mr. John H. Brayden

(Address) 1376 W. North Avenue

15 Filed ..., 19... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Eugene Zollman M. D.
(Coroner)

7/3/1928 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial July 5 1928

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Baltimore St.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 35387

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

001

74 E 35387

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 457 N. Mary ST. 11-24 WARD)

2-FULL NAME Rachel Townes

(a) RESIDENCE NO. 457 N. Mary ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Townes

6 DATE OF BIRTH (month, day, and year) 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Forte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Culbreath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Edwin Townes

(Address) 457 N. Mary St

15 Filed 5 1928 H. RAYMOND JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1 1928, to July 1 1928, that I last saw h alive on June 30 1928, and that death occurred, on the date stated above, at 1140 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

(duration) yrs. mos X ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

, 19 28 (Address) 527 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL July 5 1928

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Lanvale

Spec.—1-12-23—M&T—500 Bks.

E 35388

# HEALTH DEPARTMENT—CITY OF BALTIMORE

60 E 35388

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH 724 Edgewood Ave

CITY OF BALTIMORE: (No. Lincoln ave ST. 16-67 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Essie. M. Bond.

(a) RESIDENCE NO. Lincoln Ave. 1 ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of F Parran Bond.

6 DATE OF BIRTH (month, day, and year) July 26 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | 11 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) St Mary County.

PARENTS

10 NAME OF FATHER Charles a Magill

11 BIRTHPLACE OF FATHER (city or town) (State or country) St mary County.

12 MAIDEN NAME OF MOTHER Ada. Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary County

14 Informant F Parran Bond.
(Address) 724 Edgewood ave

15 Filed 5 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 19 28

17 I HEREBY CERTIFY, That I attended deceased from Apr 6 , 19 28 , to July 2 , 19 28 , that I last saw her alive on July 2 , 19 28 and that death occurred, on the date stated above, at 1.30 P m

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) N S Jones M. D.

7 3 , 19 28 (Address) 720 N Monta Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkwood Cemetery | July 5. 1928 |
| 20 UNDERTAKER | ADDRESS |
| Geo. L. Pratt. | 1735 Hoffman |

Spec.—1-12-23—M&T—500 Blks.

E 35389

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 35389

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 16-23 WARD)

2-FULL NAME Hattie Johnson

(a) RESIDENCE No. 1104 Riggs ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | ? |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Moses Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Ursula ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Friends

(Address) [redacted]

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-2, 1928, to 7-3, 1928, that I last saw her alive on 7-3, 1928, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic

Hypertension (duration) yrs. 3(?) mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Physical Exam

(Signed) C. Holmes Coons, M. D.

, 19... (Address) [redacted]

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 7/5/28

20 UNDERTAKER Daniel Easton — ADDRESS 716 [illegible]

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35390

## CERTIFICATE OF DEATH.

49 L 35390

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 1720 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Bumgarner.

(a) RESIDENCE No. 2019 Park ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Black | ? |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Phillip Bumgarner.

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Julia Turner

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14

Informant Self.

(Address)

15

Filed JUL 5 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/2 1928

17

I HEREBY CERTIFY, That I attended deceased from 6/25/28, 19 ..., to 7/2, 19 28, that I last saw h[illegible] alive on 7/2, 19 28, and that death occurred, on the date stated above, at 11.45 A.M.

The CAUSE OF DEATH* was as follows: Cancer of Parotid Gland c Sec. to Glands of Neck

[illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Exam

(Signed) P Sm. York, M. D.

7/5, 1928 (Address) Balt City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 7/5/1928

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa Ave

Spec.—1-12 23—M&T—500 Blks.

E 35391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14-001 E 35391

**CERTIFICATE OF DEATH.**

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 15 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Isaac Linsky.

(a) RESIDENCE NO. 3707 W. Garrison Boulevard. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Linsky

6 DATE OF BIRTH (month, day, and year) 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joshua Linsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Linsky (Address) 3707 W. Garrison Blvd

15 Filed July 5, 1928 RLH Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1928. to July 4, 1928; that I last saw him alive on July 4, 1928, and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis-Meningitis Externa Hemorrhagica

Cerebral Hemorrhage.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Paul Schenker, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Friendship Cem | July 5 1928 |

20 UNDERTAKER Jack Louis ADDRESS 1439 Eutaw St

Spec.–7-17-26—A Co.—200 Bks.

E 35392

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 35392

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St. 28-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edith M. Faithful.

(a) RESIDENCE NO. 4107 Gwynn Oak Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 26 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Faithful

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1872

7 AGE Years 55 Months 9 Days 26

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.

(State or country)

PARENTS

10 NAME OF FATHER Edward Price

11 BIRTHPLACE OF FATHER (City or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Marian V. Bankhead.

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.

(State or country)

14 Informant Hospital records.

(Address)

15 Filed ..... 19 ..... Registrar

C. HAMPTON JONES, M. D.

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/28, 1928, to 7/4, 1928, that I last saw her alive on 7/4, 1928, and that death occurred, on the date stated above, at 4:15 a. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis + Cholecystitis
Toxic Adenoma Thyroid.
Ex. Diff. Respiration

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Chemical.

7/4/28 (Signed) Jno. Hampton Jones, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto cemetery — Date of Burial July 7 1928

20 UNDERTAKER W M Routson — ADDRESS 2238 N North

very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35393

100-001

E 35393

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 N. Stockton St Ward 16-16)

2-FULL NAME Bernard E. Jones

(a) RESIDENCE NO. 508 N. Stockton Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Child. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child.

6 DATE OF BIRTH (month, day, and year) June 9th 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | — | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Phila Pa. July 4/1926

(State or country)

PARENTS

10 NAME OF FATHER Wm Jones

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Eleanor Hicks

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Elmira Hicks

(Address) 536 N. Carrollton

15 Filed ..... 19 .....

JUL 5 1926 HAMILTON JONES, M.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

19 (Address) North Ave & Dru

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peter's Cemetery Date of Burial July 5, 1926

20 UNDERTAKER Mrs. Kate R. Williams ADDRESS 322 N Schroeder St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35394 | 129 | E 35394

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2505 N. Fanwale ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret F. Hubbard

(a) RESIDENCE NO. 2505 N. Fanwale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 13 ds. How long in U. S., if foreign birth? 64 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced: (or) WIFE of the late James F. Hubbard.

6 DATE OF BIRTH (month, day, and year) Sept. 21st 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 9 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10 NAME OF FATHER: Patrick Mc Mahon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mr. James H. Hubbard. (Address) 1229 N. Bond St.

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1928, to July 4, 1928, that I last saw her alive on July 3, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage (Rupture of left Lenticulo-Striate artery) Secondary right hemiplegia

(duration) ... yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Chr Myocarditis, chr nephritis & arterial hypertension (duration) 12 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Wm. R. Geraghty, M. D.

July 4, 1928 (Address) 2225 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cemetery | July 7 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hosek & Son | 1301 E Eager St |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35395

## CERTIFICATE OF DEATH.

75 E 35395

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2507 Woodbrook Ave (St.) (Ward) 13-59

2-FULL NAME John Kreiner

(a) RESIDENCE NO. 2507 Woodbrook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. 40 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Margaret Kreiner

6 DATE OF BIRTH (month, day, and year) Jan 13 - 1868

7 AGE: Years 60. Months 6 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pt. Employee.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Simon Kreiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Starkenburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Benedict Kreiner (Address) 2507 Woodbrook Ave

15 Filed ....., 19..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928 to July 3, 1928, that I last saw him alive on July 3, 1928 and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Paraplegia & Sanguous Abscess of bulbar Lymfanitis & Cardiac Insufficiency

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Some Vasomotor disturbance

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C O Carman, M. D.

7-3, 1928 (Address) 1701 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 6 1928

20 UNDERTAKER: Josiah Syffer — ADDRESS: 1600 W. North Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35396

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

+ 188-003

E 35396

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hospital St. 26-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert L. Campbell

(a) RESIDENCE NO. 123 Williams ave Balto St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 16 1916

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 12 | 1 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto City

PARENTS

10 NAME OF FATHER Charles J. Campbell

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. City,

12 MAIDEN NAME OF MOTHER Minnie Weis

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Manchester Pa.

14 Informant Charles Campbell

(Address) 123 Williams ave

15 Filed JUL 5 1928, 19 R. C. Hayes, M. D. Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured liver and brain accidental (Balto Co)

(duration) yrs. mos. Instantly

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. Instantly mos.

(Signed) James M. Hanlon, M. D. (Coroner)

7 5, 1928 (Address) Govt Chasers

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 123 Williams ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Date of Burial July 6 1928

20 UNDERTAKER: John F. Denny ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35397

## CERTIFICATE OF DEATH.

10 E 35397

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital St. 12-19 (Ward)

2-FULL NAME Delia Cook.

(a) RESIDENCE NO. 436 E Lanvale St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

TION is very important. See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W. | Widowed. |

5a If married, widowed, or divorced (or) WIFE of John Cook

6 DATE OF BIRTH (month, day, and year) 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John F Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Sarah Hall

(Address) 518 E. 21st St

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4 1928

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to July 4, 1928,

that I last saw her alive on July 4, 1928,

and that death occurred, on the date stated above, at 6:25 P.m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Respiratory Failure (duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? none Date of

Was there an autopsy? none

What test confirmed diagnosis?

(Signed) J Mc Logan, M. D.

, 19 (Address) St Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Drummont

DATE OF BURIAL 7/5 1928

20 UNDERTAKER J M Cook

ADDRESS 500 E North Ave

1928 C. HAMPTON JONES, M. D.

Spec. 2-29-28—L. F. S.—500 lbs.

E 35398

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 35398

1—PLACE OF DEATH

REGISTERED NO. 27-48

CITY OF BALTIMORE: (No. 413 Cedar Croft Road ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles H Eck

(a) RESIDENCE NO. 413 Cedarcroft Road ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3/ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W. | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie A Eck

6 DATE OF BIRTH (month, day, and year) June 4, 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 1 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ass't Bursar, Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Sub Dept Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Gottlieb Eck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Bush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sallie A Eck

(Address) 413 Cedarcroft Road

15 Filed JUL 6 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1928

17 I HEREBY CERTIFY, that I attended deceased from April, 1926, to July 4, 1928, that I last saw h alive on July 3, 1928, and that death occurred, on the date stated above, at 4 45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) abt 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P S + S.

(Signed) Harold C. Gillsbury M. D.

, 19 (Address) 31 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 7/6 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

N. B.—WRITE PLAINLY, WITH U... nation should be carefully su... OF DEATH in plain terms, ... important. See instruction...

Spec.—2-29-28—L. F. S.—500 Bks.

E 35399

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 35399

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N. Bethel ST., 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry T. Haupt.

(a) RESIDENCE NO. 1715 N Bethel ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louise Haupt.

6 DATE OF BIRTH (month, day, and year) April 7-1862

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 2 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hall Evans & Stamp Co.

9 BIRTHPLACE (city or town) (State or country) Allentown Pa.

PARENTS

10 NAME OF FATHER Thos. Haupt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Kaufmann.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mary K. Haupt

(Address) 1716 N. Bethel.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 28

17 I HEREBY CERTIFY, That I attended deceased from 6/18 1928 to 7/4 1928

that I last saw h[illegible] alive on 7/4 1928

and that death occurred, on the date stated above, at 3 42 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

CONTRIBUTORY (Secondary) Mitral Regurgitation (duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dan'l Miller, M. D.

7/4 1928 (Address) 1500 Bdway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL July 6 1928

20 UNDERTAKER New Cook — ADDRESS 552 E Fayette

E 35400

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35400

1-PLACE OF DEATH Club Road Roland Park

CITY OF BALTIMORE (No. Balto. Country Club) (WARD) 27-53

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dowdel Myrick

(Residence in Baltimore: No. Rowland Park apts. St.) 14 yrs. — mos. — ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..... Jan. (Month) ..... 31st (Day), 1886 (Year)

7-AGE, 42 yrs. 5 mos. 4 ds.

If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Electrical Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Westinghouse Co

9-BIRTHPLACE, (State or Country). Atlanta Ga.

PARENTS.

10-NAME OF FATHER. T. K. Myrick

11-BIRTHPLACE OF FATHER (State or Country). Ga

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. T. Myrick

(Address) 3000 Manhattan Av.

15-

Filed....., 191.... 1928 HAMPSON JONES, M. D. Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..... 7-4 (Month) (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Disease

5 years

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

7/5 1928 (Address) 36 W. Roland Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Milledgeville Ga — DATE OF BURIAL, 7-5-, 1928

20-UNDERTAKER Henry W Jenkins Son Co — ADDRESS Orchard McCulloh

Cor.—12-9-25—A Co.—200 Bks.

E 35401

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

89 ✓ E 35401

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 106 E. Fort Ave. St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry I. Bowen.

(a) RESIDENCE NO. 106 E. Fort Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. ---mos.---dys. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married |

3a If married, HUSBAND of XXXXXXXXXXXX XXXXXXXXX Sadie E. Bowen.

6 DATE OF BIRTH (month, day, and year) June 26, 1888.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 40 | 0 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pipe fitter.

(b) General nature of indnstry, business, or establishment in which employed (or employer) B. & O. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER George Bowen.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Desdamona. -----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co. Md.

14 Informant Sadie E. Bowen. (wife)

(Address) 106 E. Fort Ave.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

JUL 5 1928 Kolb

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Thos. F. Kennard M. D.
(Coroner)

7/3, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial 7/6 1928

20 UNDERTAKER J. Frew McCully ADDRESS 130 E Fort

Cor.—12-9-25—A Co.—200 Bks.

E 35402

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

3 1

E 35402

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 642 W. Montgomery St. St. 22-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Batty.(C)

(a) RESIDENCE NO. 642 W. Montgomery St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | Colored | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 10, 1910.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 18 | 8 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) South Carolina.

PARENTS

10 NAME OF FATHER Dosier Batty.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Annie Batty.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina.

14 Informant Dosier Batty.(C) father.

(Address) 642 W. Montgomery St.

15 Filed ..... 19 .....

HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto L. Bernhardt M. D.
(Coroner)

7/3, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial 7/5 1928

20 UNDERTAKER Samuel Hemsley ADDRESS 578 N. Eden

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35403

## CERTIFICATE OF DEATH.

90 E 35403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables 3-52 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Gambrill

(a) RESIDENCE No. Home of Incurables ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Gambrill

6 DATE OF BIRTH (month, day, and year): July 3 1855

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 0 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Port Deposit Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: George E. Gambrill

(Address): Druid Ridge Ave & Eutaw

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from 3/23, 1923 to July 3rd, 1928.

that I last saw her alive on July 3rd, 1928,

and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Sub-acute Cholecystitis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical Exam

(Signed) W. Mitchell Mayo, M. D.

7/4, 1928 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: July 6 1928

20 UNDERTAKER: W. J. Tickner Sons ADDRESS: Penna Ave

JUL 5 1928 H. WILSON JONES, M.D.

TION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 35404

# HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 35404

## CERTIFICATE OF DEATH

REGISTERED NO. 1963

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 2400 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Hahn Berry

(a) RESIDENCE NO. 3911 Groveland Ave St. Ward 28

(Usual place of abode)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ ~~da.~~ life (If non-resident give city or town and State)

How long in U. S. If of foreign birth? yrs. —mos. —ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: W. R. B. Berry

6 DATE OF BIRTH (month, day, and year): Dec. 6, 1840

7 AGE — Years: 37 Months: 6 Days: 28

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Conrad Hahn

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Matilda Schneider

13 BIRTHPLACE OF MOTHER (City or town): Baltimore

(State or country): Maryland

14 Informant: Audrey Edwards

(Address): 3911 Groveland Ave

15 Filed ....., 19.... Registrar

JUL 5 1928 CLAYTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4 1928

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1928, to July 4, 1928, that I last saw her alive on July 4, 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix

—

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary): Cachexia

—

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of June 28, 1928

Was there an autopsy? no

What test confirmed diagnosis? Inspection Palpation

(Signed) Thomas K. Sinclair M. D.

. 19 (Address) 225 St. Monica

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: July 6 1928

20 UNDERTAKER: George J. Smith — ADDRESS 1532 Hollins

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35405

E 35405

## CERTIFICATE OF DEATH.

23

24133

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry W. O'Dell Jr.

(a) RESIDENCE NO. 1102 Riverside Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 0 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 3, 1920

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 7 | 11 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry W. O'Dell Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Leighton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland.

14 Informant Elizabeth O'Dell. (mother)

(Address) 1102 Riverside Ave.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Oedema and hemorrhage of the brain.

Encephalitis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Steinbrecher M. D.
(Coroner)

7/3, 1928 (Address) 1018 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

1102 Riverside Ave July 3, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Olivet Cemetery July 6 1928

20 UNDERTAKER — ADDRESS

John F. Denny 715 Light St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35406

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Bayard ST. 21-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank J. Weisner

(a) RESIDENCE NO. 909 Bayard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 19 1912

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 16 | 5 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Weisner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Cath. Braun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mother (Address) 909 Bayard St

15 Filed ... 19 ... C. HAMPSON JONES, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3rd, 1928

17 I HEREBY CERTIFY, That I attended deceased from January 28, 1927, to July 3rd, 1928, that I last saw him alive on July 3rd, 1928 and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis 2 Yrs.
(Rheumatic)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilitation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. Weisner, M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | July 6 1928 |

20 UNDERTAKER ADDRESS

M. W. E. Deppe 37 Lan

Spec.—1-12-23—M&T—500 Blks.

E 35407 HEALTH DEPARTMENT—CITY OF BALTIMORE Jarvis E 35407

CERTIFICATE OF DEATH. + 118-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-30 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Jarvis

(a) RESIDENCE No. 329 Park Ave (East Orange N.J.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6. 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | Dec 6 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Queen Anne Co

PARENTS

10 NAME OF FATHER John C Whitteker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne Co

12 MAIDEN NAME OF MOTHER Sarah E Gillespie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne Co

14 Informant Husband (Address) 329 Park Ave East Orange

15 Filed JUN 5 1928 HAMPSON Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-22, 1928, to 7-5, 1928, that I last saw her alive on 7-5, 1928, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction with general peritonitis.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/3/28

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & Autopsy

(Signed) Geo. J. Hublitz M.D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lydlumeile Md DATE OF BURIAL July 8 1928

20 UNDERTAKER John H. Robinson & Son ADDRESS Middletown Md.

Spec.—1-10-21—M&T—1500 Bks.

E 35408

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35408

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N Green St 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Kohlenstein

(a) RESIDENCE No. 424 N Green ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced (H)USBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) June 18/1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | — | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Simon Kohlenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Bethe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. H. Kohlenstein (Address) 424 N. Greene St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1928

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to July 5, 1928, that I last saw her alive on July 5th, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) X yrs. One mos X ds.

CONTRIBUTORY (Secondary) Myocarditis chronic

(duration) One yrs. X mos. X ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) C. Hampson Williams, M. D.

19 (Address) 601 Cumberland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Mchar Cemetery — DATE OF BURIAL July 6/1928

20 UNDERTAKER J. Ahrens & Co — ADDRESS 2432 Washington Blvd

CAUSE OF DEATH. See instructions on back of certificates.

TION is very important.

Spec. –7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35409

## CERTIFICATE OF DEATH

E 35409

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Merey Hospital St. 47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Quinn

(a) RESIDENCE NO. Texas, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9 – 1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 3 | 3 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas G Quin

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto Co

12 MAIDEN NAME OF MOTHER Margaret Lacy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Co

14 Informant Thomas G Quin

(Address) Texas Md

15 Filed ..... 19 ..... HAMPSON JONES M. D. Registrar

JUL 3 1926

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/28 19

17 I HEREBY CERTIFY, That I attended deceased from 7/3/28, 19..., to 7/4/28, 19...,

that I last saw her alive on 7/4/28, 19...,

and that death occurred, on the date stated above, at 5 12 P.M. m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 7/3/28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. E. Winstead, M. D.

, 19 (Address) Merey Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Texas Balto Co Date of Burial July 7 28

20 UNDERTAKER H. C. Brook & Son ADDRESS Sparks, Md

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35410

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35410

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 Cypress ST., (or) WARD) 25-17 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl William Hardy

(a) RESIDENCE NO. 13 Cypress ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) July 4-1928

| 7 AGE | Years | Months | Days | If LESS than 1 day 3 hrs. or min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer Infant

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Earl Hardy

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Zola Morgan

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Earl Hardy

(Address) 13 Cypress St

15 Filed JUL 5 1928, 19 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1928

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1928, to July 4, 1928

that I last saw him alive on July 4, 1928

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (8 hrs)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. O'Neill, M. D.

(Address) 814 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL July 5 1928

20 UNDERTAKER Harry A. Witzke ADDRESS 1534 W. Lombard

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35411

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35411

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (S.) 21-31 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar Smith

(a) RESIDENCE NO. 1012 S. Eutaw st. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Jamaican yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 26 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Anna Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant (Address) Hospital Records

15 Filed JUL 5 1928 19 HAMILTON JONES, M. D. Registrar

TION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 19 28

17 I HEREBY CERTIFY, That I attended deceased from January 26, 1928, to June 28, 19 28, that I last saw him alive on June 28, 19 28, and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Bacterial Endocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Path. Clinical Lab.

(Signed) L. Amadeo M. D.

6-28, 19 28 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 7/5 19 28

20 UNDERTAKER John J. Fahey Sons — ADDRESS 1318 Light St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35412

## CERTIFICATE OF DEATH.

91-00m

E 35412

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 426 N Brice St. 20-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Andreone

(a) RESIDENCE NO. 426 N Brice St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No.

6 DATE OF BIRTH (month, day, and year) No. 1856

7 AGE 72 Years — Months — Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Italy

(State or country)

PARENTS

10 NAME OF FATHER Paul Bunolis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Joseph Andreone

(Address) 103 V Cross Street

15 Filed ....., 19 C. HAMPSON JONES M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

July 5/28 (Signed) C. Hampson Jones M. D.

, 19 (Coroner)

(Address) 143 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Holy Redeemer July 6. 1928

20 UNDERTAKER ADDRESS

John A. Grebliauckas, Jr. 423 S Paca St.

1928 CRR

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35413 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35413

CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 E Lafayette St. 8-17 WARD)

2-FULL NAME Jeremiah Reynolds

(a) RESIDENCE NO. 1914 E Lafayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen A Reynolds (Nee Healey)

6 DATE OF BIRTH (month, day, and year) May 16, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 1 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Potter

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S Carolina

PARENTS

10 NAME OF FATHER Wm. Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) Irelands

12 MAIDEN NAME OF MOTHER Margaret Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Irelands

14 Informant Mrs Ellen A. Reynolds

(Address) 1914 E. Lafayette Ave

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/14 1928, to 7/4 1928 that I last saw him alive on 7/4 1928 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller M. D.

1928 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL July 7 1928

20 UNDERTAKER Elmer W. Conklin ADDRESS 946 Eager St.

IMPORTANT—See instructions on back of certificate.

C. HANSEN JONES M. D.

1926

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35414

## CERTIFICATE OF DEATH

E 35414

1-PLACE OF DEATH

2-REGISTERED NO. 27-43

City of BALTIMORE: (No. 3704 Hamilton Ave., Hamilton St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline C. Hebler

(a) RESIDENCE NO. 3704 Hamilton Ave., Hamilton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Hebler

6 DATE OF BIRTH (month, day, and year) March 30th, 1873

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 55 | 3 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Goswin Beckman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Auguste Crone

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Michael J. Hebler

(Address) 3704 Hamilton Ave., Hamilton

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 3rd, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1928, to July 3rd, 1928, that I last saw h— alive on July 3rd, 1928, and that death occurred, on the date stated above, at 9:05 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Cerebral Hemorrhage

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) Edward Bengtson, M. D.

7/3/28 19 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Date of Burial July 6, 19 28

20 UNDERTAKER Frederick Lassahn & Son — ADDRESS Fullerton

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35415 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35415

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Rider

(a) RESIDENCE NO. Rochester, N Y ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Rider

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 58 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Vermont

PARENTS

10 NAME OF FATHER Nathan Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Mary Crozier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Vermont

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

1928 C. HAMPSON JONES, M. D.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5-1928

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to July 5, 1928, that I last saw her alive on July 5, 1928 and that death occurred, on the date stated above, at 5 39 A m.

The CAUSE OF DEATH* was as follows:

Relaxed vaginal outlet } Enterocele } Post-operative.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Obesity. Myocardial insufficiency. (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 24.

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Robt. L. Faulkner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Rochester N y | 7/5/28 |
| 20 UNDERTAKER Joseph Ahrens | ADDRESS 221 Busy |

Spec.—1-10-21—M&T—1500 Blks.

E 35416

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35416

## CERTIFICATE OF DEATH.

REGISTERED NO. 1928

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Saint Josephs Hospital ST. WARD

2-FULL NAME Thomas Patrick Nicholas

(a) RESIDENCE NO. 1211 62nd St Phila Rd. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget McNicholas

6 DATE OF BIRTH (month, day, and year) Jan 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 6 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Steele Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas, Md

PARENTS

10 NAME OF FATHER James Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hosp. Records

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3-28 19

17

I HEREBY CERTIFY, That I attended deceased from 5-15-28, 19 ... to July 3, 19 28, that I last saw h/ alive on 7-3-28, 19 ..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Gangrene of Leg

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 5-17-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 6 1928

20 UNDERTAKER John A. Moran — ADDRESS 3000 E Balt St.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35417. HEALTH DEPARTMENT—CITY OF BALTIMORE E 35417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Johns Hopkins Hospital.

CITY OF BALTIMORE (No. 6-9 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lubman

(a) RESIDENCE NO. 16 N. Bond St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18/28

7 AGE: Years | Months | Days: 13 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Clayton Looby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maggie Lubman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Lubman (Address) Johns Hopkins Hospital

15 Filed , 19 2506 RPS Registrar

JUL 5 1928

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to July 1, 1928

that I last saw her alive on July 1, 1928

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. H. Lochhead M. D.

2-3-, 19 29 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Hospital

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS JUL 5 - 19

J. HAMPSON JONES, M. D. Commissioner of Health

Spec.—1-12-23—M&T—500 Bks.

E 35418 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 35418

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 16-22 WARD) REGISTERED No. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Johnson

(a) RESIDENCE No. 722 N. Gilmor St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Black 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26, 1928

7 AGE Years Months Days 2 1/2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Earl Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mabel Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) C. H. McIlvaney M. D. Johns Hopkins Hospital.

15 Filed , 19 0500 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28th 28

17

I HEREBY CERTIFY, That I attended deceased from 6-26, 1928, to 6-28, 1928, that I last saw her alive on 6-28, 1928, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Birth Injury)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. H. McIlvaney, M. D.

7-3-, 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

1928 C. Hampson Jones M. D. Commissioner Health

Spec.—1-12-23—M&T—500 Blks.

E 35419

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35419

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Williams

(a) RESIDENCE NO. 620 Dolphin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1, 1928

7 AGE Years Months Days If LESS than 1 day 5 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Frederick Williams

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Evans

13 BIRTHPLACE OF MOTHER (city or town) F. C.
(State or country)

14 Informant C H Peckham
(Address) Johns Hopkins Hospital

15 Filed 5 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1928.

17 I HEREBY CERTIFY, That I attended deceased from 7-1, 1928 to 7-1, 1928

that I last saw him alive on 7-1, 1928

and that death occurred, on the date stated above, at 7.00 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C H Peckham, M. D.

7-3-1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health

ADDRESS

Spec.—2-29-28—L. F. S.—500 Blks.

E 33420 -660

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 90

E 35420

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 79 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Tony Arias

(a) RESIDENCE NO. Port Tampa City ST., Fla WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 20 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Cig

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tabacda

PARENTS

10 NAME OF FATHER Modesto Arias

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER Minnie Lopez

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Spain

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

1928 Jan 6 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1928

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1928, 19..., to July 5 —, 1928, that I last saw him alive on July 5 —, 1928, and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

(duration) yrs. 1 mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of July 5, 1928

Was there an autopsy? No's

What test confirmed diagnosis?

(Signed) Chris Hopkin Johnston, M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Port Tampa City Fla

DATE OF BURIAL 7/5 1928

20 UNDERTAKER Voliva Brooks & Son

ADDRESS Calhoun Hollins

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35421

## CERTIFICATE OF DEATH.

74 E 35421

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St 18-76 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Kahlein

(a) RESIDENCE NO. 844 W. Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estey M. Kahlein

6 DATE OF BIRTH (month, day, and year) April 21, 1893.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | 2 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General natnre of industry, business, or establishment in which employed (or employer)

(c) Name of employer Winchester Mfng. Co.

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frederick Kahlein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Rosina Frech

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va.

14 Informant Estey M. Kahlein

(Address) 844 W. Baltimore St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Read

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 3, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

7/4/ 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial July6 1928.

UNDERTAKER Mr. & Mrs. John N. Teufel & Son ADDRESS Mr. & Mrs. John Teufel & Son. 801 W. Fayette St.

5 1928

Be sure that all items are answered, or state that they cannot be ascertained. Typewriting is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 35422

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35422

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. S. 4-7 Ward)

2-FULL NAME Levi Rheubottom, C.

(a) RESIDENCE NO. 17 Melrose Ave Catonsville, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Married. |

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXX Alice Rheubottom, C.

6 DATE OF BIRTH (month, day, and year) May 1, 1883

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 45 | 2 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry Rheubottom, C.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Allie V. Squirrell, C.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Allie Rheubottom, C. (wife)

(Address) 17 Melrose Ave, Catonsville, Md.

15 Filed _____, 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal abdominal hemorrhage.
Rupture of the Liver.
Drove an automobile into street car & thrown into street.

(Duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Accidental Death.

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. W. Isenhardt M. D.
(Coroner)

7/5, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? Carey & Mulberry Sts. July 8, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Rock Cem. Date of Burial July 7 1928

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 35423

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35423

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Riverview Swimming Pool St., 425 Ward)

2-FULL NAME William Dundon

(a) RESIDENCE NO. 865 Park ave St. Ward Gravelly Hill

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Mal | Whit | Singl |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Singl

6 DATE OF BIRTH (month, day, and year) Sept 17/1912

| 7 AGE | Years | Months | Days 17 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 13 | 9 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Vermont

PARENTS

10 NAME OF FATHER Michael Dundon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New York stat

12 MAIDEN NAME OF MOTHER Miels Fisher

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York stat

14 Informant Michael Dundon

(Address) 865 Park ave

15 Filed 1 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows: 1

Accidental Drowning

Sudden (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) was Swimming in River

(duration) ...yrs. ...mos. ...ds.

(Signed) James M Hamilton M. D. (Coroner)

7/8, 1925 (Address) Govr chase.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Granville New York Date of Burial Aug 28

20 UNDERTAKER John M Weber ADDRESS 401 Chester

very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 35424

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 35424

REGISTERED NO. 23-34

1-PLACE OF DEATH

City of BALTIMORE: (No. 1834 Light St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kasper Utz

(a) RESIDENCE NO. 1834 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Becker Utz

6 DATE OF BIRTH (month, day, and year) April 29 1844

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 84 | 2 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Baker

(c) Name of employer

9 BIRTHPLACE (city or town) germany

(State or country)

PARENTS

10 NAME OF FATHER Kasper Utz

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Mary Utz

(Address) 1834 Light St.

15 Filed July 7, 1928 C. HAMILTON JONES, M. D. Registrar

Per A.R.R.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to July 4, 1928, that I last saw h[illegible] alive on July 3 1928 and that death occurred, on the date stated above, at 6 A. m. The CAUSE OF DEATH* was as follows:

Senile Myocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Contusion Scalp

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) [illegible], M. D.

7/7, 1928 (Address) 6 Dunbar

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Cedar Hill Cem. | July 7 1928 |
| 20 UNDERTAKER Margaret G. Flynn | ADDRESS 1742 Light St |

OCCUPATION is to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

B 35425

# HEALTH DEPARTMENT—CITY OF BALTIMORE 35425

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 16th Brooklyn ST. 25 75 (WARD) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence W. Kosack.

(a) RESIDENCE NO. 16th Brooklyn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Kosack.

6 DATE OF BIRTH (month, day, and year) Jan 16 1866

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | no | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Edward Kosack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown. Jly 5. 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Edward Kosack.

(Address) 16th Brooklyn

15 Filed 1928 19 HAMILTON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6 , 1928 , to July 4 , 1928 , that I last saw him alive on July 2 , 1928 , and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Anemic Nephritis

(duration) ns yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? urine

(Signed) Raymond Young M. D.

(Address) Parkland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL July 6 1928

20 UNDERTAKER E. Schloman Son

ADDRESS 1639 Pennsylvania

Spec.—1-12-23—M&T—500 Bks.

E 35426

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35426

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 2637 ST. 90 WARD)

2-FULL NAME Mary Horner

(a) RESIDENCE NO. 3011 South 6th ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? Life yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Wm F. Horner

6 DATE OF BIRTH (month, day, and year) July 4/60

7 AGE: 68 Years ..... Months ..... Days ..... If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Md~~ Harpers Ferry W. Va

PARENTS

10 NAME OF FATHER Jas Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Recvd (Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-3, 1928, to 7-4, 1928, that I last saw h[illegible] alive on 7-4, 1928, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr v Acute

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. Wilmer [illegible] M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Cem DATE OF BURIAL 7/6 28

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35427 E 35427

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 1247

CITY OF BALTIMORE: (No. ..... ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Smallwood (Miller)

(a) RESIDENCE NO. 253 S 3rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Wm A. Miller

6 DATE OF BIRTH (month, day, and year): Sept 18/68

7 AGE — Years: 59 — Months: 9 — Days: 16 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eliz Felspaul

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germ

14 Informant: Wm A. Miller (Address) 953 S. 3rd St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/4 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/14, 1928, to 7/4, 1928, that I last saw h[er] alive on 7/4, 1928 and that death occurred, on the date stated above, at 11.30a m.

The CAUSE OF DEATH* was as follows:

Cancer of Left Breast
& generalized Sarcomatosis

(Duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Bronch. Pneu

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? Yes • Date of Left Breast, Nov 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) P. W. Finch, M. D.

, 19 (Address) Balt City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: 7/7 1928

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

JUL 1928 HARRY JONES, M. D.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35428

## CERTIFICATE OF DEATH

90 E 35428

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 517 Somerset St. 5th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Dennis

(a) RESIDENCE NO. 517 Somerset St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | colored | widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1871

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER J. T. Dennis

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant Coroner's Report

(Address) 517 Somerset St.

15 Filed JUL 5 1928 C. HAMPSON JONES, M. D. Registrar Rees

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1928

I HEREBY CERTIFY, That I attended deceased from July 4, 1928, to July 6, 1928, that I last saw h.e.s. alive on July 6, 1928, and that death occurred, on the date stated above, at 1:17 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Uraemia (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Not

Did an operation precede death? Not Date of

Was there an autopsy? Not

What test confirmed diagnosis?

(Signed) W. Holland Hyatt M. D.

July 6 1928 (Address) 504 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakmont Cemetery Date of Burial July 7 1928

20 UNDERTAKER Chas. H. Wilmer ADDRESS 416 N. Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35429

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35429

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3408 Cardenas (ST.) Ave (WARD)

2-FULL NAME Elizabeth Retowzky

(a) RESIDENCE NO. 3408 Cardenas Ave (Usual place of abode) WARD

Length of residence in city or town where death occurred 78 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | W | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph H Retowzky

6 DATE OF BIRTH (month, day, and year) Nov 5 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 78 | 7 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Shoemaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna Hamock

(Address) 3408 Cardenas ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1928

17 I HEREBY CERTIFY, That I attended deceased from May 11th, 1928, to July 3rd 1928, that I last saw her alive on July 2nd 1928, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis & chronic phlebitis

(duration) — yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) several yrs. hours

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Tony Kleibel M.D.

7/5. 1928 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 6 1928

20 UNDERTAKER John F Denny. — ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Bks.

E 35430

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 35430

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (St.) 3-4 (WARD)

2-FULL NAME Lorenza Hall

(a) RESIDENCE NO. 617 S. Caroline st. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 46 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER M. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address) .....

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 25, 19 28. to July 4, 19 28, that I last saw him alive on July 4, 19 28, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and Lab.

(Signed) Henry C Smith M. D.

7-5-, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel — DATE OF BURIAL July 6 1928

20 UNDERTAKER John W Henderson — ADDRESS 1502 E. Monument

Spec.—1-12-23—M&T—500 Bks.

E 35431 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35431

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reuben Campher

(a) RESIDENCE NO. 914 no Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Campher

6 DATE OF BIRTH (month, day, and year) 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| 39 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Coal yard

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Geo. Campher

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant friends

(Address)

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7- 2 1928

17 I HEREBY CERTIFY, That I attended deceased from 6 - 30 , 1928, to 7- 2 , 1928, that I last saw him alive on 7- 2 , 1928, and that death occurred, on the date stated above, at 4 40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Chr & Acute
Arterio-sclerotic Hypertensive
Cardio-vascular Renal Disease

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Bronchs. Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) C. Holmes Coroner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakley Cemetery

UNDERTAKER Jno. T. H. Richter

DATE OF BURIAL July 6 1928

ADDRESS 1415 Jefferson

Spec.—1-12-23—MAT—500 lbs.

E 35432

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35432

## CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3917 (ST.) Dalrymple Ave (WARD) 15-65

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Obuta Elizabeth Peters

(a) RESIDENCE NO. 3917 (ST.) Dalrymple ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Widow of the late John Henry Peters

6 DATE OF BIRTH (month, day, and year): May 17 1856

7 AGE — Years: 72 — Months: 1 — Days: 15 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Daniel Kornman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Hetzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Katherine Campbell 3917 Dalrymple ave

15 Filed ..... 19.... [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27 1928 to July 4 1928

that I last saw h[illegible] alive on July 4 1928

and that death occurred, on the date stated above, at 12.10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) H. S. Davis M. D.

7/5, 1928 (Address) 726 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 7/7/1928

20 UNDERTAKER: Geo. Weber & Son 2803 — ADDRESS: Edmondson ave

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35433 66 E 35433

E 35433

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 23-33 Ward)

2-FULL NAME Frederick A. Herdel.

(a) RESIDENCE NO. 82 E. Cross St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 27, 1867.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | 11 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Herdel.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Kunigunda Loessel.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mollie Herdel, (sister.)

(Address) 1427 N. Central Ave.

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1928 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. A. Feinhardt M. D.
(Coroner)

7/5 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Light & Cross Sts. July 8, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A & Co Date of Burial 7-7 1928

20 UNDERTAKER Ehrlich Bros ADDRESS 115 E. Lexington

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 35434

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35434

## CERTIFICATE OF DEATH.

REGISTERED NO. 24-3129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1201 Light ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Schleicher

(a) RESIDENCE No. 1201 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Schleicher

6 DATE OF BIRTH (month, day, and year): Aug 18 [illegible]

7 AGE — Years: 69 | Months: 10 | Days: 17 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Not Known.

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Mrs. Edwin Schleicher

(Address) 1201 Light St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to July 5, 1928,

that I last saw her alive on July 5, 1928 12 45 P m

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis

Arteriosclerosis

(duration) Years Months Days

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) J. Edward Norris, M. D.

July 5 1928 (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 7-9 1928

20 UNDERTAKER: E. P. Taylor — ADDRESS: 115 E West St

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 35435

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1925 E 35435

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. W-37 Ward)

2-FULL NAME Catherine Butler

(a) RESIDENCE NO. 3519 E Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Butler

6 DATE OF BIRTH (month, day, and year): July 31 1846

7 AGE: Years 81 | Months 11 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER: Bryan Kine

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Agnes Butler

(Address): 3519 E Balto St

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Broncho-Pneumonia

(duration) .....yrs. .....mos. 3 .....ds.

CONTRIBUTORY (Secondary) Lacerated Scalp, fall down

Marble Step accident (duration) .....yrs. .....mos. 3 .....ds.

(Signed) James M. Boulton M. D.

(Coroner)

7/4, 1925 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. Balto City Hos mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 3519 E Balto St

Former or usual residence 3519 E Balto St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial 7-7 1925

20 UNDERTAKER: Bernard C Stark ADDRESS 1000 S Paca St

very important. See instructions on back of certificate. EXACT statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

E 35436 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35436

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Reisterstown ST. (or WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maurice V. Heathcote

(a) RESIDENCE NO. 2309 Reisterstown ST., Road WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or WIFE of Anna K. Heathcote

6 DATE OF BIRTH (month, day, and year) Jan. 26 - 1877

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 5 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Lewis C. Heathcote

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Emma Cramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Anna K. Heathcote (Address) 2309 Reisterstown Rd.

15 Filed 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/28 19

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to July 4, 1928, that I last saw h alive on July 4, 1928, and that death occurred, on the date stated above, at 4:20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter T. Boyer, M. D.

(Address) 917 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL July 7 1928

20 UNDERTAKER Josiah Effler ADDRESS 1600 W. North Ave

Spec. -7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35437

## CERTIFICATE OF DEATH

154-00

E 35437

1-PLACE OF DEATH

City of BALTIMORE: (No. 1105 S. Charles St. 23-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry O. McNeal

(a) RESIDENCE NO. 1105 S. Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 25, 1928

7 AGE — Years: — Months: 5 Days: 9 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md

(State or country)

PARENTS

10 NAME OF FATHER Michael J. McNeal

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Margaret Welsh

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mrs. McNeal

(Address) 1105 S. Charles St.

15 Filed ....., 19 .....

Registrar

W. CLARK THOMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4th 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 5th, 19 28, to July 4, 19 28.

that I last saw h.. alive on July 4, 19 28.

and that death occurred, on the date stated above, at 11.00 P. m.

The CAUSE OF DEATH* was as follows:

(a) Myocardial degeneration 2

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis 000

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Yes.

Did an operation precede death? Yes. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Schmeisch, M. D.

19 (Address) 133 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Q.A. Date of Burial: July 6 1928

20 UNDERTAKER Margaret A. Flynn ADDRESS 1422 Eight

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 35438

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+117

E 35438

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2 N Gilmor St (Ward) 24

REGISTERED NO.

2-FULL NAME Emile H Knipper

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1808 Linthicum Ave

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | M |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife Margaret Knipper

6 DATE OF BIRTH (month, day, and year) April 13. 1875

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 53 | 2 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Henry Knipper

11 BIRTHPLACE OF FATHER (City or town) (State or country) France

12 MAIDEN NAME OF MOTHER Emilia Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant (Address) Hospt Records

15 Filed ....., 19 .....

CHARLES JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5/28

17 I HEREBY CERTIFY, That I attended deceased from 7/4/28, 19..., to 7/5/28, 19..., that I last saw h[illegible] alive on 7/5/28, 19..., and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

(a) Gun Shot Wound

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gun Powder

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? Yes Date of 7/4/28

Was there an autopsy? Yes

What test confirmed diagnosis? Coroner

(Signed) Jno A Compton, M. D.

, 19 (Address) 1 W Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial July 9 1928

20 UNDERTAKER Margaret G. Flynn ADDRESS 1422 Light

Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

9 E 35439

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35439

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Shinille or Shinkle

(a) RESIDENCE NO. 341 - 13 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | W |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year)

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumberman

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant (Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-2, 1925, to 7-3, 1928, that I last saw h alive on 7-3, 1928, and that death occurred, on the date stated above, at 10 20 A m.

The CAUSE OF DEATH* was as follows: Myocarditis, acute & Chronic

CONTRIBUTORY (Secondary) Hypostatic (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Holmes Jones, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL July 6 1928

20 UNDERTAKER John Ellis ADDRESS 2026 Orleans

BALTIMORE CITY HEALTH DEPARTMENT 1928 C. HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 35440 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35440

## CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 W. Fairmount Ave 19-27 WARD)

2-FULL NAME Samuel Ernest Pierce

(a) RESIDENCE NO. 1521 W. Fairmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 20, 1883

7 AGE: Years 45 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Samuel Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington Co. Md

12 MAIDEN NAME OF MOTHER: Harriet Truit

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mrs Mary E. Scott

(Address): 1521 Fairmount Ave

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7 - 3 - 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-10 . 1928 to 7-3 . 1928

that I last saw h alive on July 3 . 1928

and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John B. L. Campbell M. D.

. 19 (Address) 1400 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

UNDERTAKER: Daniel Easton

DATE OF BURIAL: 7/6 1928

ADDRESS 946 Pa ave

E 35441

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 35441

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Linden ave S. 11-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie Taylor

(a) RESIDENCE. NO. 1019 Linden ave ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Turner Taylor

6 DATE OF BIRTH (month, day, and year) 1901

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tarboro N.C.

PARENTS

10 NAME OF FATHER Ruffin Daw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tarboro N.C.

12 MAIDEN NAME OF MOTHER Martha —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tarboro N.C.

14 Informant Turner Taylor (Address) 1019 Linden ave

15 Filed ....., 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1928

17 I HEREBY CERTIFY, That I attended deceased from May 6 1928, to July 4 1928, that I last saw h.. alive on July 4 1928, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) One yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none known

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Chas J Keller, M. D.

7/5, 1928 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tarboro N. C. DATE OF BURIAL 7-6-28

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35442

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35442

## CERTIFICATE OF DEATH.

114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Callow Ave ST., 9-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Young Carr

(a) RESIDENCE NO. 3536 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred J. Carr

6 DATE OF BIRTH (month, day, and year): Nov. 25. 1852

7 AGE: Years 75 Months 7 Days 14 If LESS than 1 day, ..... hrs. or ..... min. 10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Alexander Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Maria Sanford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Alexander Carr

(Address): 2130 Callow Ave

15 Filed ....., 19 ..... Registrar

E. H. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 16th, 1928, to July 5th, 1928, that I last saw h[illegible] alive on July 2, 1928, and that death occurred, on the date stated above, at 12-20 P m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. M. Slade, M. D.

(Address) Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 7 1928

20 UNDERTAKER: Henry H. Jenkins's Sons — ADDRESS: Oakland & Mulberry Sts

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35443 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35443

CERTIFICATE OF DEATH.

90

REGISTERED NO. 17-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1327½ Myrtle ST. (WARD)

2-FULL NAME Anna E. Collins

(a) RESIDENCE NO. 1327½ Myrtle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. W. Collins

6 DATE OF BIRTH (month, day, and year) Mar 31-1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 3 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard Keys

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Virginia Collins 1327½ Myrtle ave

15 Filed . 19 C. HAMPSON JONES, M.D. Registrar

JUL 6 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1928 to July 3, 1928 that I last saw her alive on July 3, 1928 and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Chas. D. Woodridge, M. D.

7/5, 1928 (Address) 703 W. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 7/6/1928

20 UNDERTAKER Wm. Leo H. Collard — ADDRESS 16 N. Howard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

16-002 E 35444

E 35442

REGISTERED NO.

3-PLACE OF DEATH

City of BALTIMORE: (No. 1327 Whitelock St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Lee Butler

(a) RESIDENCE NO. 1327 Whitelock St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 16th 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 9 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant 800

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Richard Lee

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lena Veney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Lena Lee

(Address) 1327 Whitelock St.

15 Filed ..... 19 .....

JUL 6 1928

C. HAMPSON JENKINS, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-28. 19

17 I HEREBY CERTIFY, That I attended deceased from 7-5- 1928, to 7-6- 1928.

that I last saw h.e alive on 7-6-28. 19

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Dyspepsia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1327 Whitelock

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm R Boykin M. D.

19 (Address) 1618 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Date of Burial July 7 19

20 UNDERTAKER Clarence E Wright ADDRESS 1314 Mon

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35445

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35445

## CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320-E-21st.Street ST. 12-50 WARD)

2-FULL NAME Elizabeth Cecelia Ritter

(a) RESIDENCE NO. 320-E-21st.Street ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A.Ritter

6 DATE OF BIRTH (month, day, and year) November-24-1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 76 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Hines

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Robinson

13 BIRTHPLACE OF MOTHER (city or town) Not Known
(State or country) Not Known

14 Informant Mr.John A.Ritter (husband)
(Address) 320-E-21st.Street

15 Filed JUL 6 1928 C. HAMPSON JONES Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1928

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1928, to July 4, 1928, that I last saw h-s alive on July 3, 1928 and that death occurred, on the date stated above, at 12 ~~M~~ a m

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis.
Myocarditis

(duration) yrs. ? mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis about

(duration) yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Tublet M. D.

July 2 1928 (Address) 2220 Harrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL July-6-28 19

20 UNDERTAKER ..... ADDRESS 108 W.NORTH AVE

THIS IS very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

E 35446

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

185 E 35446

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Mullan

(a) RESIDENCE NO. 616 N. Ensor St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| Unknown | 62 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Mullan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Carr

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant F. M. Dunn

(Address) 18 Willow Ave Overlea

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidently stumbled over step on sidewlk Ensor st nr Mott Apr 9/23

Fractured femur (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Mullan, M. D.

(Coroner)

7/6/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial July 7 1928

20 UNDERTAKER Henry Hoult Sons ADDRESS 1301 E Eager St

HAMPSON JONES M.D.

Of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A.Co.—200 Bks.

E 35447

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35447

## CERTIFICATE OF DEATH

129

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Marlborough Apts St. 4-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Sills

(a) RESIDENCE NO. Marlborough Apts. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Clark Sills

6 DATE OF BIRTH (month, day, and year): Nov. 17, 1844

7 AGE — Years: 83 Months: 7 Days: 17

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Joseph Sills

11 BIRTHPLACE OF FATHER (City or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Ann Moorehead

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Rachel Sills Barnett

(Address) Marlborough Apts. 4 S.

15 Filed ..... 19 ..... Registrar

JUL 6 1928

C. HAMPSON JONES, M.D.

Per .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to July 4, 1928,

that I last saw him alive on July 4, 1928,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure & urinalysis

(Signed) Charles Sims, M. D.

July 5, 1928 (Address) 1111 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy. Date of Burial: July 6, 1928

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS: 1900 Eutaw St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 35448

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 35448

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Brehms Lane & Register Highlands St., 46-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalie Breeback

(a) RESIDENCE NO. Brehms Lane & Register Highlands St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Breeback

6 DATE OF BIRTH (month, day, and year) August 12th, 1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 39 | 10 | 25 | 23 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Herman Kilian

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Viol

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Adolph Breeback

(Address) Brehms Lane and Register Highlands

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5th, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from June 10 19 28 to July 5 19 28

that I last saw her alive on July 5 19 28

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ryan M. D.

(Address) 80 N. Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — Date of Burial July 7 1928

20 UNDERTAKER Frederick Lassahn for Frederick Lassahn & Son — ADDRESS Fullerton

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 3544C

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

182 E 35449

REGISTERED NO.

City of BALTIMORE: (No. Gwynn Falls Avenue St. 18-26 Ward)

2-FULL NAME Earle Payne

(a) RESIDENCE NO. 1122 Sanbstun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 8, 1919 (1919)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 9 | 2 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school-boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Lawrence Payne

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Molden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Annapolis Md.

14 Informant Mary Rogers

(Address) 1122 Sarah Ann St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

JUL 6 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc

Drowning

CONTRIBUTORY (Secondary) (Duration ..... yrs. ..... mos. ..... ds.)

(Signed) ..... (Coroner) ..... M. D.

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial July 8, 1928

UNDERTAKER Mrs. Kate R. Williams ADDRESS 3271 Schroeder St

Or. of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 35450

# HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 35450

## CERTIFICATE OF DEATH

REGISTERED NO. 2758

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Helena Dobriener

(a) RESIDENCE NO. 3113 W North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Morris J. Doberenner

6 DATE OF BIRTH (month, day, and year): May 18/1874

7 AGE: 54 Years Months Days 17 — 55

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Maryland

PARENTS

10 NAME OF FATHER: August Behrends

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Porcher

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): Germany

14 Informant: George M Doberenner

(Address): 3113 W. North Ave

15 Filed ..... 19 .....

C. H. [illegible] COMM'RS M. D.

JUL 6 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 8 1928 to July 5 1928

that I last saw h.. alive on July 5 1928

and that death occurred, on the date stated above, at 9.15 P. m..

The CAUSE OF DEATH* was as follows:

Abdominal Carcinomatosis

(duration) yrs. 3+ mos. da.

CONTRIBUTORY (Secondary) Hypertension and arteriosclerosis

(duration) ? yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko M. D.

(Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: July 9 1928

20 UNDERTAKER: Harry H Amacock — ADDRESS: 4204 Ridgewood Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

199 E 35451

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1717 Madison Ave Ward 14-20)

2-FULL NAME Zenobia Johnson.

(a) RESIDENCE NO. 1717 Madison Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Roland Johnson

6 DATE OF BIRTH (month, day, and year): July 27-1906

7 AGE: Years 21 Months 11 Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Richmond Va

(State or country)

PARENTS

10 NAME OF FATHER: Leroy Frazier

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Ella Pryor

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant (Address): Leroy Frazier 2905-4½ Washington D.C.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by an Autopsy (Inquest, autopsy or inquiry) find that said deceased came to [illegible] on the day stated above.

The CAUSE OF DEATH* was as follows:

Congestion and Oedema of brain.

Homicide (Violence) (Shock) due to fall

(Secondary) (duration) yrs.

(Signed) T. C. Link M. D. (Coroner)

July 5-1928 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wash D.C. Richmond Va. Date of Burial 7-6 1928

20 UNDERTAKER: George T. A. Gibson ADDRESS: 1733 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35452

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35452

## CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Sargeant St. 21-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carmen F. Smith

(a) RESIDENCE No. 1144 Sargeant ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day... hrs. or ... min. |
|---|---|---|---|---|
| | 1 | 10 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Addie Briggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Robert Smith (Address) Rosamont

15 Filed ..., 19... [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 6, 1928, that I last saw h[illegible] alive on July 5, 1928, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Enteritis Dysenteric

(duration) 4d yrs. 4d mos 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Bloody Stools.

What test confirmed diagnosis?

(Signed) Raymond S Stone M. D.

(Address) Fallsland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL July 7 1928

20 UNDERTAKER Jos Foerders Son ADDRESS 2073 Pac

JUL 7 1928 C. HAMPSON JONES M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35453

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35453

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 209 N Gilmor ST. (WARD) 19-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Francis Shipley

(a) RESIDENCE NO. 209 N Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7, 1896

7 AGE — Years: 31 — Months: 11 — Days: 27 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edward Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Catherine Woodland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Catherine Brown

(Address) 209 N Gilmor St

15 Filed 6 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Mar 15 1928 to July 4 1928, that I last saw him alive on July 4 1928, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

7/6. 1928 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: July 7th 1928

20 UNDERTAKER: A. Jones ADDRESS: 111 S. Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35454

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35454

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3912 Maine Ave St. 5-64 WARD)

2-FULL NAME Robert L. Crowther Sr.

(a) RESIDENCE NO. 3912 Maine Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia L. Crowther

6 DATE OF BIRTH (month, day, and year) May 12, 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 57 | 10 | 23. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager.

(b) General nature of industry, business, or establishment in which employed (or employer) Service Stations

(c) Name of employer Town Oil & Gas Co.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Crowther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Virginia L. Crowther

(Address) 3912 Maine Ave.

15 Filed ....., 19.... Registrar

HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5. 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 5, 1928, that I last saw h alive on July 5, 1928, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Coronal Thrombosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetis mellitus

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes. Physical Examination

What test confirmed diagnosis?

(Signed) Paul Brown, M. D.

July 7, 1928 (Address) 1837 Towsn. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount. | July 9 1928. |

20 UNDERTAKER Mr & Mrs. John W. Tenfel & Son ADDRESS 801 N. Fayette

THIS is very important See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35455 E 35455

## CERTIFICATE OF DEATH.

90

REGISTERED No. C 13-59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Mordawmin Ave St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel W. Ogle

(Residence in Baltimore: No. 3418 Mordawmin Ave St. 20 yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, November 26, 1887
(Month) (Day) (Year)

7-AGE, 40 yrs. 7 mos. 11 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Bartender,
(b) General nature of industry, business, or establishment in which employed (or employer) retired

9-BIRTHPLACE, (State or Country) Cumberland Md.

PARENTS.

10-NAME OF FATHER, Theodore Ogle

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Amelia Kavanaugh

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Moine

(Address) 3418 Mordawmin Ave

15-

Filed July 6 1928

C. HAMPSON JONES, M. D. Registrar.

Per RRW

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH July 6, 1928
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1928, to July 6 1928, that I saw him alive on July 6 1928, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. E. Daugherty M. D.

July 6, 1928 (Address) 1602 Penna. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Cumberland Md

DATE OF BURIAL, July 7, 1928

20-UNDERTAKER Wm. Cook

ADDRESS 502 E. North Ave

important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

21 E 4438 35456

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

44 E 35456

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Lowe

(a) RESIDENCE NO. 3020 Manhattan Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Mar |

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Jessie Lowe

6 DATE OF BIRTH (month, day, and year) June 26, 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 0 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Robert Lowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Nancy Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Picardo

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5-1928

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to July 5, 1928, that I last saw him alive on July 5, 1928 and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Hypertension. Myocardial insufficiency. Benign hypertrophy of prostate. Carcinoma of stomach

(duration) 2-4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Christopher Johnston, M. D.

7/5, 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn | 7/7 1928 |
| 20 UNDERTAKER W. M. Cook | ADDRESS 502 E. North Ave |

IMPORTANT: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35457

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

11-001 E 35457

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2043 E. Biddle ST., 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa E Maxwell

(a) RESIDENCE NO. 2043 E Biddle ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Howard E. Maxwell

6 DATE OF BIRTH (month, day, and year) May 3, 1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 2 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER William A Roth

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Buch

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mrs Adam Scott
(Address) 2043 E Biddle St

15 Filed 7/6 1928 C. HAMPSON JONES, M. D. Registrar
By Rec

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-28

17 I HEREBY CERTIFY, That I attended deceased from 6/28, 1928, to 7-6, 1928 that I last saw her alive on 7-6, 1928 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia - Influenza

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Dan'l Miller, M. D.

7/6, 1928 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | 7/9 1928 |
| 20 UNDERTAKER Thos E Cook | ADDRESS 502 E Lexington |

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35458 E 35458

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospl 43

CITY OF BALTIMORE: (No. Balto Md St. 24-34 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Watts

(a) RESIDENCE No. 1811 Westphal Place St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Unknown |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 0&7

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospl Balto Md.

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar RCH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-29 1928 to 7-4 1928

that I last saw h... alive on 7-3 1928

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Psychosis w/Carcinomatosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) John F. Sowers M. D.

7/4 1928 (Address) Balto City Hospls

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 7 1928

20 UNDERTAKER J. M. Cook — ADDRESS 508 E. Madison Ave.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 35459

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35459

## CERTIFICATE OF DEATH.

475

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp ST. 7-11 WARD)

2-FULL NAME Mary Agnes Rogers

(a) RESIDENCE No. 3116 McElderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): divorced

5a If married, widowed, or divorced (or) WIFE of: John Friedlein

6 DATE OF BIRTH (month, day, and year): May 4, 1875

7 AGE — Years: 53 — Months: 2 — Days: 1 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: factory worker

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Marburg Shirt Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland.

PARENTS

10 NAME OF FATHER: John Rogers.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Ann McCabe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Ella Crist

(Address) 3129 Wilkins Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1928

17

I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 5, 1928, that I last saw h alive on July 5, 1928 and that death occurred, on the date stated above, at 5 P. - m.

The CAUSE OF DEATH* was as follows:

Primary carcinoma of left breast.

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Metastasis of carcinoma to brain lung (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? Yes Date of 1920.

Was there an autopsy? Partial.

What test confirmed diagnosis? autopsy of lung.

(Signed) E. B. Sherwin, M. D.

, 19 (Address) Franklin Sqare Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 9 1928

20 UNDERTAKER: Mr - Mrs N. S. Trinkle — ADDRESS 2512 Wilkins Ave

Spec.—1-12-23—M&T—500 Blks.

E 35460

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35460

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Ensor st. 9-18 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph G. Powers.

(a) RESIDENCE No. 1525 Ensor st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen G. Powers.

6 DATE OF BIRTH (month, day, and year): Sept. 6 1886

7 AGE: Years 41 Months 9 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dispatcher

(b) General nature of industry, business, or establishment in which employed (or employer): Taxi cab Co

(c) Name of employer: /

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph F. Powers

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey.

12 MAIDEN NAME OF MOTHER: M. Young.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. Helen G. Powers. (Address) 1525 Ensor st

15 Filed ....., 19 .....

HAMPSON JONES, M. D. 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to July 3, 1928, that I last saw him alive on July 3, 1928, and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis.

Mitral Insufficiency

(duration) yrs. 4 mos. dd.

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. H. Woodall, M. D.

, 19 (Address) 1403 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 7/7 1928

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave.

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35461 11-60 E 35461

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Mens Home 4th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Graham Flenn

(a) RESIDENCE NO. 1077 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Flenn

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 78 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber.

(b) General nature of industry, business, or establishment in which employed (or employer): Public

(c) Name of employer: Finally

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Abraham Flenn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Son on file (Address): 1737 Ethan St.

15 Filed , 19 Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3d 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 30th, 19 28 to July 3d, 19 28; that I last saw h alive on July 3d, 19 28, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Def Infirmities of Age

(duration) yrs. 4 mos 4 ds.

CONTRIBUTORY (Secondary) Following Injury

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? 1737 Ethan St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. Le Chevalier, M. D.

, 19 28 (Address) 624 Woodbourne

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 7 1928

20 UNDERTAKER: John H. Soudrow — ADDRESS 1027 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35462

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-901 E 35462

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Fawn ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles James Lease

(a) RESIDENCE NO. 910 Fawn ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Infant. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) July 5, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER James C. Lease.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna McKalumis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Father

(Address)

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 6, 1928, that I last saw h.im alive on July 5, 1928, and that death occurred, on the date stated above, at 12 05 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

.....(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Atelectasis

.....(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. L. Tammaello, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | July 6 1928. |
| 20 UNDERTAKER | ADDRESS |
| Wendell J. Kappel. | 301 N. Edmondson |

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35463

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E/35463

## CERTIFICATE OF DEATH.

3/

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (ST.) 22-30 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Gillis

(a) RESIDENCE NO. 603 China st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie M. Gillis

6 DATE OF BIRTH (month, day, and year) 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Robert Gillis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Sarah Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1928, to July 4, 1928, that I last saw him alive on July 4, 1928, and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Path. Lab.

(Signed) Henry C. Smith, M. D.

7-5-, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | July 7 1928 |
| 20 UNDERTAKER | ADDRESS |
| J L Brownard | 108 Smith |

CAUSE OF DEATH to be plainly stated, so that it may be properly classified. Exact state of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

JE 5-666
JE 35464

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17 E 35464

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lula Copeland Deatches

(a) RESIDENCE NO. 1223 East Madison ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marshall Copeland

6 DATE OF BIRTH (month, day, and year) May 30 1909

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | 1 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Isaac Deatches

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Lutua Bates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....
C. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5-1928

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1928, to July 5, 1928, that I last saw h.er alive on July 5, 1928 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute yellow Atrophy liver

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Arsphenamine Poisoning

(duration) ..... yrs. 1 mos. ..... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) S. G. Stewart, M. D.

, 19 (Address) J. H. H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lushing Cemetery | July 8, 1928 |

20 UNDERTAKER Mrs Ida Saunders ADDRESS 1709 E. Madison

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35465

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90

E 35465

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1225 Fremont Ave 10-17 WARD)

2—FULL NAME William Charles Brown

(a) RESIDENCE NO. 1225 Fremont Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14 1890

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 2 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bar Tender

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William H. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna L. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Anna Brown

(Address) 1225 Fremont Ave

15 Filed ——, 1925 C. HAMPSON JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1925, to July 6, 1925, that I last saw him alive on July 6, 1925, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death? 1225 Fremont Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Kemler M. D.

7-6, 1925 (Address) 704 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mattawan Mass. | July 9 1925 |

20 UNDERTAKER ADDRESS

Wm Cook 502 E. Fort Ave.

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35466

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35466

## CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. 1 Balto Md ST. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Davis

(a) RESIDENCE NO. 2218 Presstman St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 30-1887

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 6 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER David Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jennie Essar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Balto City Hosp Baltimore Md

15 Filed 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-4, 1925, to 7-6, 1928

that I last saw h alive on 7-6, 1928

and that death occurred, on the date stated above, at 2015 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis 5 Insane 0

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Syphilis Wassermann

(Signed) R. M. Hyde, M. D.

7/6, 1928 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Orchard Shelton DATE OF BURIAL July 8 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 Edmondson

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35467.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1825 E 35467.

1-PLACE OF DEATH

City of BALTIMORE: (Hd General Hosp. 15-66 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Bastian.

(a) RESIDENCE 2102 Chelsea Ter. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widwid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Dec 25 - 1843

7 AGE — Years: 84 Months: 6 Days: 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Gustavus Velcke

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Matilda Blank

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Md Hospital Record Clerk,

15 Filed 7 1925 C. H. IMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

I suspected Fracture Neck of Femur (Fell in Room) Accident (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. 2 ds.

(Signed) T. B. Funk M. D. (Coroner)

July 5 (Address) North Ave & Dene

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial 7/7 1925

20 UNDERTAKER: C. J. Fanning & Son ADDRESS 1463 Battery Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35468 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35468

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1733 East Lanvale St

CITY OF BALTIMORE: (No. 1733 E. Lanvale St ST., 8-17 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Ware

(a) RESIDENCE NO. 1733 E. Lanvale St ST., 8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Laura Ware

6 DATE OF BIRTH (month, day, and year): June 21, 1853

7 AGE: Years 75 | Months 0 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plaster

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: George W. Ware

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant: Lola Hamilton

(Address) 1733 E. Lanvale St

15 Filed July 6, 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1927, to July 5, 1928, that I last saw him alive on July 5, 1928, and that death occurred, on the date stated above, at 6:40 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Mitral Insufficiency (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical facts

(Signed) C. C. Woodward, M. D.

(Address) 1546 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 9, 1928

20 UNDERTAKER: Ralph T. Turner Inc — ADDRESS 1442 N. Broadway

Cor.—12-9-25—A Co.—200 Bkn.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35469

## CERTIFICATE OF DEATH.

E 35469

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 525 N. Eutaw St. 11-25 Ward)

2-FULL NAME David Hooks

(a) RESIDENCE NO. 525 N. Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa A Hook

6 DATE OF BIRTH (month, day, and year): Nov 27 1868

7 AGE — Years: 59 — Months: 7 — Days: 10 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter's

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Balto Co

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto Co

(State or country)

14 Informant: Louisa A Hook

(Address): 525 N. Eutaw

15 Filed July 7 1928 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 7 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F C Link (Coroner) M. D.

19 (Address) 1 North Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Cemetery — Date of Burial: July 9 1928

20 UNDERTAKER: Harry N. Umansat — ADDRESS: 4204 Ridgewood Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 35470

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

3/5 E 35470

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Christian St. 20-69 WARD)

2-FULL NAME Charles Leonard

(a) RESIDENCE No. 2541 Christian St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma B Leonard

6 DATE OF BIRTH (month, day and year) Feb 10 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 4 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Custodian

(b) General nature of industry, business, or establishment in which employed (or employer) Public Buildings

(c) Name of employer City

PARENTS

9 BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Peter Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jemima Lesch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D C

14 Informant Emma B Leonard

(Address) 2541 Christian St

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to July 5, 1928, that I last saw him alive on July 5, 1928, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows: Tuberculous Tuberculosis Pulmonary Chronic Acute Laryngeal Ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert E Tuttle M. D.

19 (Address) 2151 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 7/9 1928

20 UNDERTAKER Engelke Funeral Home

ADDRESS Fulton & Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Name should be clearly supplied. AGE should be stated EXACTLY. PHYSICIANS should make

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35471

## CERTIFICATE OF DEATH

44 E 35471

1—PLACE OF DEATH

REGISTERED NO. 46-69

CITY OF BALTIMORE: (No. 757 W Edmondson Ave (or) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A. Clarke

(a) RESIDENCE NO. 757 W Edmondson Ave. WARD 17

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Clarke

6 DATE OF BIRTH (month, day, and year) April 19 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 66 | 56 | 2 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Albert S. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lettie Blackburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John L. Clarke

(Address) 757 W Edmondson Ave

15 Filed JUL 7 1926, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 19 28, to July 5, 19 28.

That I last saw h[illegible] alive on July 4, 19 28

And that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Gall Bladder

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings & Laboratory

(Signed) S. L. Wrocig, M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem. | July 7 19 28 |
| 20 UNDERTAKER Margaret S. Flynn | ADDRESS 1424 W Lafayette Ave |

important. See instructions on back of certificates.

Spec.—I-12-23—M&T—500 Blks.

E 35472

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35472

REGISTERED NO. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1114 S Bouldin ST., (Ward) 16

2-FULL NAME Baby Klimowicz

(a) RESIDENCE NO. 1114 S Bouldin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 5. 28

| 7 AGE | Years | Months | Days | If LESS than 1 day, 3 hrs. or min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Frank Klimowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Zudka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Frank Klimowicz (Address) 1114 S Bouldin

15 Filed 7 1928, 19 C. HAMPSON JONES, M. D. Registrar

By

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5, 19 28, to July 5, 19 28, that I last saw h[e] alive on July 5, 19 28, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Reuse M. D.

July 6 19 28 Address 801 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

19

20 UNDERTAKER — ADDRESS

JUL 7 - 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 35473

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35473

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 6008 S. Port St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rita Nowak

(a) Residence No. 6008 S. Port St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, ~~Married~~, ~~Widowed~~, or Divorced, (~~Write~~ the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 30 1927

7-AGE. 1 yrs. 0 mos. 6 ds. If LESS than 1 day ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: child.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Bolokus Nowak

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER, Agnes Krezmanski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto, Md

14- (Informant) Agnes Nowak.

(Address) 600 S. Port St.

15- Filed ... 19... by ... M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 6 1928

17- I HEREBY CERTIFY, That I attended deceased from July 6 19 28 to July 6 19 28

that I last saw h[illegible] alive on July 6 19 28

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Enteritis - colitis

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 2519 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Stanislaus — DATE OF BURIAL. July 8 19 28.

20-UNDERTAKER. M. J. Sadowski. — ADDRESS 905 S. Ann St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 1928 C. HAMPSON JONES, M. D. Registrar.

Rita

Spec.—2-29-28—L. F. S.—500 Bks.

E 35474

# HEALTH DEPARTMENT—CITY OF BALTIMORE

74-28-35474

## CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 623 S. Montford Ave ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME KATHARINE GIZA,

(a) RESIDENCE NO. 623 S. Montford Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? 28 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow, |

5a If married, widowed, or divorced BUSBAND of (or) WIFE of John Giza,

6 DATE OF BIRTH (month, day, and year) ????? 1863.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | 6 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Martin Dudek,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Regina Kurgan,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Mary Kilyan. (Daughter)

(Address) 623 S. Montford Ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6-28

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 6—, 1928,

that I last saw h— alive on July 5, 1928

and that death occurred, on the date stated above, at 3 20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Coma —

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Francis C Bracco, M. D.

, 19 (Address) 1257 B Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Stanislaus bm. | July 9" 1928. |
| 20 UNDERTAKER M. J. Sadowski, | ADDRESS 905 S. Ann St |

Important. See instructions on back of certificates.

L 7 1928 HAMPSON Jones M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35475

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35475

## CERTIFICATE OF DEATH.

REGISTERED NO. 24463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bucks Lane & Norman Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel H. Bowen

(a) RESIDENCE No. Bucks Lane & Hermans Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married. |

5a If married, widowed, or divorced HUSBAND of or WIFE of: Augusta C. Bowen

6 DATE OF BIRTH (month, day, and year) Jan 2 - 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 66. | 6. | 3. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance

(b) General nature of industry, business, or establishment in which employed (or employer): Agent. 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Hester A. Hodgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: August C. Bowen

(Address): Bucks Lane. Norman Ave

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 - 1928

17

I HEREBY CERTIFY, That I attended deceased from May . 1928. to July 5 - . 1928.

that I last saw him alive on July 5 - . 1928

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

+ Coma

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. C. Simmel, M. D.

(Address) 1509 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | July 7. 1928 |
| 20 UNDERTAKER | ADDRESS |
| Israel Styer | 1605 W. Fayette |

JUL 7 1928

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—I-12-23—M&T—500 Blks.

E 35476

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35476

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1865 h Gay St. St.) 8-16 (WARD)

2-FULL NAME Charles Frank Freyer.

(a) RESIDENCE NO. 1865 N Gay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married. |

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Lillian R. Freyer

6 DATE OF BIRTH (month, day, and year) October 15, 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 8 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Registred Pharmacist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Home.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles G. Freyer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Phoebe Ruth.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Lillian F. Freyer

(Address) 1865 N. Gay St

15 Filed JUL 8 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27. 1928. to July 6. 1928.

that I last saw h live on July 6. 1928.

and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterial hypertension

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Uraemia and Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert A. Snowden M. D.

7-9. 19 28 (Address) 2025 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL July 9 1928

20 UNDERTAKER D. Henry Lutz

ADDRESS 1203 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35477

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

111-002

E 35477

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd and Calvert ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Upton Parks.

(a) RESIDENCE No. 2707 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/3/1895

7 AGE — Years 32 — Months 9 — Days 4 — If LESS than 1 day, hrs. or min

33 | 8 | 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

066

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Benjamin U. Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Olive Rutter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Patient (Benjamin U. Parks)

(Address) 2707 N. Calvert St. Baltimore Md

15 Filed JUL 8 1928 19 — Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to July 7, 1928, that I last saw him alive on July 7, 1928 and that death occurred, on the date stated above, at 6 35 P m

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Operation and Insulation

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? Yes Date of ⓓ 6/24/28 7/4/28

Was there an autopsy? No

What test confirmed diagnosis? Biopsy Temp. 109 2/5 R

(Signed) Thomas C. Cullen, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: July 9 1928

20 UNDERTAKER: George J. Smith — ADDRESS: 1332 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35478

## CERTIFICATE OF DEATH.

1-88-003 E 35478

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A Ware

(a) RESIDENCE NO. Pasadena , A.A. Co Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margie J. Ware

6 DATE OF BIRTH (month, day, and year) Feb 17/1869

| 7 AGE | Years | Months | Days 26 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 59 | 4 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Charles Ware

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Abigal Fite

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wife

(Address)

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia? Accidental Fracture of Right Tibia & Fibula

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Ellis M. D.
(Coroner)

7/8/28 (Address) 503 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.,..... ds. In the State yrs.. mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jno. Oliver Date of Burial July 9 1928

20 UNDERTAKER Josiah Syfer ADDRESS 1003 W. North Ave

E. HAMPSON JONES, M. D.

R. H. H.

Be sure that every item is answered. Where there is a physician in attendance, this is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Pks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

F 35479 — 129 — F 35479

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1341 Herkimer ST. 21-29 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Taylor

(a) RESIDENCE NO. 1341 Herkimer ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Amelia Taylor

6 DATE OF BIRTH (month, day, and year) Nov 6-1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 8 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marble Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Hiltgardner

(c) Name of employer Company

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Elz Groff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

14 Informant Amelia Taylor
(Address) 1341 Herkimer

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7- 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1928, to July 7th, 1928, that I last saw h[illegible] alive on July 6, 1928 and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis ?
Myocarditis (duration) 3 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? Yes (Irregular Heart Tones)

What test confirmed diagnosis? Myocarditis & Nephritis

(Signed) Geo H Phillips, M. D.

, 19 (Address) 2300 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 7/9—1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E Nash

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

215-699 E 35480

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159-002 E 35480

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaretta Barnes

(a) RESIDENCE NO. 1718 Barnes ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 5-28-28

7 AGE: Years | Months 1 (6 wks +) | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Joseph Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md —

12 MAIDEN NAME OF MOTHER: Mildred Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md —

14 Informant: Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7-28

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to July 7, 1928, that I last saw her alive on July 7, 1928 and that death occurred, on the date stated above, at 8 20 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) Life yrs. mos. ds.

CONTRIBUTORY (Secondary): Congenital Cardiac Disease

(duration) Life yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination —

(Signed) Lymen Meiler, M. D.

7-7, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 7/9 1928

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35481 ✓ + 31 E 35481

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Univeersity Hospital 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Harried

(a) RESIDENCE NO. Davidsenville, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colod | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harwood (State or country) a a Co md

PARENTS

10 NAME OF FATHER Lawrence Harried

11 BIRTHPLACE OF FATHER (city or town) Harwood (State or country) a a Co md

12 MAIDEN NAME OF MOTHER Rachel Smoot

13 BIRTHPLACE OF MOTHER (city or town) South River (State or country) a a Co md

14 Informant Laurence Harried (Address) Harwood a a Co md

15 Filed JUL 9 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/20, 1928, to 7/7, 1928, that I last saw h alive on 7/7, 1928, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Tuberculous pneumonia and Toxemia (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Finding

(Signed) Geo. T. Hobbitt M. D.

, 19 (Address) Universeity Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Daniel Star Cemetery DATE OF BURIAL July 9 1928

20 UNDERTAKER D L Hopkins ADDRESS Annapolis Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35482

## CERTIFICATE OF DEATH.

90

REGISTERED NO. E 35482

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Cuba ST., W-20 WARD)

2-FULL NAME Juliana Eisenzopf

(a) RESIDENCE NO. 3600 Cuba ST., 20 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | white | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Eisenzopf

6 DATE OF BIRTH (month, day, and year) Sept 12 1845

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 82 | 9 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungaria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungaria

14 Informant Robert Eisenzopf

(Address) 3600 Cuba

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 7, 1928, that I last saw her alive on July 6, 1928, and that death occurred, on the date stated above, at 8. A. M.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo. J. Baker, M. D.

, 19 (Address) 2 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL July 10, 1928

20 UNDERTAKER Charles W. Dill.

ADDRESS 3109 Fredk. Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

E 35483 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ + 90 E 35483

## CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Union Sta "Penna R.R. Co ST. 12-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Austin Martin

(Residence in ~~Baltimore:~~ No. Port arthur Texas St.; yrs., mos. 1 ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX, | 4-COLOR OR RACE, | 5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.) |
|---|---|---|
| Male | white | Married |

6-DATE OF BIRTH, Dec (Month) 5th (Day), 1871 (Year)

| 7-AGE, | If LESS than 1 day, |
|---|---|
| 56 yrs. 7 mos. 3 ds. | ....hrs. or....min.? |

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Lumberman

9-BIRTHPLACE, (State or Country), Trinity County Texas

PARENTS.

10-NAME OF FATHER, R. B. Martin

11-BIRTHPLACE OF FATHER (State or Country), Alabama

12-MAIDEN NAME OF MOTHER Sarah Jones Dunlop

13-BIRTHPLACE OF MOTHER (State or Country), Trinity County Texas

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. R B Arrell M.D.

(Address) Port Arthur Texas

15-

Filed....., 191.... Registrar.

C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 8 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Mr Gasson find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injury Cardiac

~~Acute Dil~~ Aurriculer Fibrilation

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Died Suddenly

(Duration)....yrs....mos....ds.

Signed) W. F. Gasson (Coroner) M. D.

July 8. 1928 (Address) 1039 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. State in the ~~Hour minutes~~ yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Beaumont Jefferson Co Texas — DATE OF BURIAL, 7-8-1928

20-UNDERTAKER Henry W. Jenkins Sons Co. — ADDRESS Richard McEuloba

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35484

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35484

## CERTIFICATE OF DEATH.

57

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 22-32 WARD)

2-FULL NAME Emma V. Sullivan

(a) RESIDENCE NO. 26 E West ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or:) WIFE of Peter Sullivan

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 62 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Michael Neff

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mt Hope Retreat
(Address) Mt Hope Retreat.

15 Filed JUL 8 1928, 19 C. HAMPSON JONES, M.D. Registrar

Per Kirk.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5. 1928

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to July 5, 1928, that I last saw h alive on July 5, 1928, and that death occurred, on the date stated above, at 8.20 m.

The CAUSE OF DEATH* was as follows:

Diabetes
(Coma)

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Manic-Depressive Psychosis

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? 26 E West St.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL July 9 1928

20 UNDERTAKER Margaret J. Flynn

ADDRESS 14 W Preston St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35485

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35485

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital ST. 20-27 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur G. Powell

(a) RESIDENCE No. 162 Sutherlin Ave Danville Va

(Usual place of abode) CITY WARD

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? life mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Howell Powell

6 DATE OF BIRTH (month, day, and year) May 6, 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 2 | 2 | |

8 OCCUPATION OF DECEASED Tobacconist 045

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) buying & selling

(c) Name of employer W. B. Lewis Sons

9 BIRTHPLACE (city or town) (State or country) Blanch N.C.

PARENTS

10 NAME OF FATHER F. B. Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caswell Co. N.C.

12 MAIDEN NAME OF MOTHER Beth Lee Gwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Caswell Co. N.C.

14 Informant F. G. Powell

(Address) Akoskie N.C.

15 Filed ..... 1928 ..... 19 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/15 1928 to 7/8 1928, that I last saw him alive on 7/8 1928, and that death occurred, on the date stated above, at one P. m.

The CAUSE OF DEATH* was as follows:

post operation after operation for Exophthalmic goiter

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Toxaemia of Exop. goiter

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Danville Va

Did an operation precede death? yes Date of 7/7/28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. E. Teegan M. D.

19 (Address) 904 N. Clarke St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville Va — DATE OF BURIAL July 8 1928

20 UNDERTAKER Robert Brookeson — ADDRESS Courthouse Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35486

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35486

REGISTERED NO. 129

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 65 W. West ST., 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John A Jones

(a) RESIDENCE NO. 65 W. West ST. 23 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col. | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 90 | - | - | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Susan Jones
(Address) 65 W West St

15 Filed ..... 19 .....
By ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6/28

17 I HEREBY CERTIFY, That I attended deceased from 7/1/28, 19..., to 7/5/28, 19...

that I last saw h... alive on 7/5/28, 19...

and that death occurred, on the date stated above, at 9.30 P.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

7 (duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
Kidney (supposed) Right
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D.

7/7, 19 28 (Address) 708 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National

DATE OF BURIAL July 7 1928

20 UNDERTAKER A. G. Brown & Son

ADDRESS 1016 N. Monroe St

JUL 9 1928 HAMILTON JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35487

## CERTIFICATE OF DEATH.

E 35487

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Green St. St. Maternity Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Gray

(a) Residence No. 824 George St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, B

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 7/3/27

7-AGE. yrs. mos. ds.

If LESS than 1 day, 6 hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto. Md. (State or Country),

PARENTS:

10-NAME OF FATHER, James Augustus

11-BIRTHPLACE OF FATHER (city or town) Unknown (State or Country),

12-MAIDEN NAME OF MOTHER, Julia Gray

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14-

(Informant)

(Address)

15-

Filed JUL 5 1928, 192 HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/4/28

I HEREBY CERTIFY, That I attended deceased from July 3 1928 to July 4th 1928 that last saw h[illegible] alive on July 4 1928 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Prolonged Labor

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Theodore Bullock M. D.

19 (Address) Univ. of Md. Hospitals

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Leonardtown Md.

DATE OF BURIAL. 19

20-UNDERTAKER

ADDRESS

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Reyes

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35488

## CERTIFICATE OF DEATH

117 E 35488

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. Provident Hospital ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Reyes

(a) RESIDENCE NO. 2024 Brunt St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Reyes

6 DATE OF BIRTH (month, day, and year) June 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 1 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Blair Reyes

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co

14 Informant Maria Reyes

(Address) 2024 Brunt St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7-1928

17

I HEREBY CERTIFY, That I attended deceased from 6-30-, 19 28, to 7-7-, 19 28, that I last saw h. alive on 7-7-, 19 28 and that death occurred, on the date stated above, at 11:56 p m.

The CAUSE OF DEATH* was as follows:

Gangrene of appendix & Rupture

General peritonitis,

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-30-28

Was there an autopsy? Yes

What test confirmed diagnosis? Operation finding.

(Signed) C. L. Jackson M. D.

7/8, 19 28 (Address) 600 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL July 10 19 28

20 UNDERTAKER Hamme & Wright

ADDRESS 864 Ramsay

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35489

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35489

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Josephs Hospital ST. 1917 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. Hall

(a) RESIDENCE NO. Hydesonville, Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M Hall

6 DATE OF BIRTH (month, day, and year): Dec 20 - 1854

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|
| 73 | 6 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): a. a. co. md

PARENTS

10 NAME OF FATHER: Columbus Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): a a co md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: James H. Hall

(Address): 619 W Fayette St Balto Md

15 Filed ..... 19..... Registrar

JUL 9 1928 HAROLD F. JAMES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1928

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1928 to July 9, 1928, that I last saw h[illegible] alive on July 9, 1928, and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) yrs. mos 40 ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-2-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Cemetery

DATE OF BURIAL: July 11 1928

20 UNDERTAKER: B I Hoffberg

ADDRESS: Emmitsburg Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

Infant Meyer

E 35490

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 35490

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3450 Cardenas Ave St. 8-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Foetus Meyer

(a) RESIDENCE NO. 3450 Cardenas Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | W | Infant |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day 1 hrs. or min. 10 |
|---|---|---|---|---|

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Harry A. Meyer

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth M. Coe

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Elizabeth M. Meyer

(Address) 3450 Cardenas Ave.

15 Filed JUL 3 1928, 19 C. HAMDEN JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 8, 1928,

that I last saw him alive on July 8, 1928,

and that death occurred, on the date stated above, at 2:10 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. Bunster, M. D.

, 19 (Address) 403 Fulton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — Date of Burial 7/9 1928

20 UNDERTAKER Child & Herwig — ADDRESS 2016 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35491

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

66

E 35491

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE. Bay 1218 N. Fremont (No.) 12th (Ward)

2-FULL NAME John Jr. Gill

(a) RESIDENCE NO. 1829 W. La Fayette St. (No.) Ward

(Usual place of abode)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Gill

6 DATE OF BIRTH (month, day, and year): Nov 6-1871

7 AGE — Years: 56 — Months: 8 — Days: 1 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Patrick Gill

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Bridget Cain

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Agnes Gill

(Address): 1829 W. La Fayette St.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 7th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisonous Alcohol, Suddenly

(duration) .....yrs.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Contributory) M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Cemetery — Date of Burial: July 9 1928

20 UNDERTAKER: James B Ayres — ADDRESS: 1324 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 5 1928 C. HAMILTON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35492
1-PLACE OF DEATH

91-002

E 35492
REGISTERED NO.

City of BALTIMORE: (No. 1009 W. Lombard St. 16-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas S. Reed, Jr.

(a) RESIDENCE NO. 1009 W. Lombard St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 24, 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | 7 | 12 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Hayward Bartlett Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas S. Reed, Sr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eva Catherine Reed

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Dora C. Norman
(Address) 1009 W. Lombard St.

15 Filed..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, Autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Dementia
(duration) 1 yrs. 2 mos. 2 ds.
CONTRIBUTORY (Secondary) Pr Cardiac
(duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.
(Coroner)
7/7, 1925 (Address) 143 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial July 9 19 28

20 UNDERTAKER Joseph B. Cole ADDRESS 1003 West Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 9 1928 G. HAMPTON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35493 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

## CERTIFICATE OF DEATH.

31 E 35493

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 E. Fairmount Ave ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Romanofsky

(a) RESIDENCE NO. 2204 E. Fairmount ST. Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1911

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Romanofsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Polsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Romanofsky (Address) 2204 E. Fairmount Ave

15 Filed JUL 9 1928, 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 8, 1928, that I last saw him alive on July 8, 1928, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (1)
tuberculosis of diarrhoea
and nephritis

(duration) 1+ yrs. mos ds.

CONTRIBUTORY (Secondary) Acute (Subacute
tuberculosis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Mt Pleasant Hospital

(Signed) Frank R Smith, M. D.

7/5, 1928 (Address) 927 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodef Sholom — DATE OF BURIAL July 9 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1439 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35494

## CERTIFICATE OF DEATH.

135 ✓

E 35494

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Sinai Hospital St., 27-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Ydowitz

(a) RESIDENCE NO. Levindale Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Goldie Ydowitz

6 DATE OF BIRTH (month, day, and year): Unknown 1858

7 AGE: Years 70 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor &c

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER: Abrad Ydowitz

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: I. Wymick

(Address) 347 Greenmount Ave

15 Filed....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 9-1928

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to July 9, 1928, that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 12:05 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) ....yrs. ....mos. 30 ds.

CONTRIBUTORY (Secondary) Hypertrophy Prostate

(duration) 15 yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Levindale Md

Did an operation precede death? Yes Date of June 6-1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Surgical

(Signed) B Marks, M. D.

7/9, 1928 (Address) Junior

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — Date of Burial 7/9 1928

20 UNDERTAKER: Jack Levi — ADDRESS 1439 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35495

## CERTIFICATE OF DEATH.

E 35495

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 14-20 Ward)

2-FULL NAME Benjamin Schapiro

(a) RESIDENCE NO. 1903 Eutaw Place St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? — yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Pauline Schapiro

6 DATE OF BIRTH (month, day, and year): Oct 29 1877

7 AGE — Years: 50 — Months: 8 — Days: 10 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

PARENTS

10 NAME OF FATHER: Abraham Schapiro

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER: Rosha Rohmowitz

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant: G. Schapiro

(Address) 222 W. Fayette St.

15 Filed JUL 5 1928 H. MASON JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/6/ 1928, to 7/9/ 1928, that I last saw him alive on 7/9/ 1928, and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Subacute bacterial endocarditis (streptococcus viridans)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Henry Ginsburg, M. D.

7/9, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. — Date of Burial 7/10 1928

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E. Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 35496

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35496

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 4000 N. Charles St. St., 12-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Stier Delaney

(a) RESIDENCE NO. 4000 N. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 22 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Estelle Delaney

6 DATE OF BIRTH (month, day, and year) January 16. 1849

7 AGE — Years: 79 Months: 5 Days: 22 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Linthicum Delaney

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Ellen Stier

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant H. K. Delaney M.D.

(Address) Parkton Md.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1926, to July 8 1928, that I last saw him alive on July 8, 1928, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 7. 1928

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Delaney M. D.

7/9. 1928 (Address) Parkton Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem

Date of Burial: July 11 1928

20 UNDERTAKER: John O. Riddell and Sons

ADDRESS: 1910 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

9 E 35497

35497

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 Yale ST. 7th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl N. Nelson

(a) RESIDENCE No. 443 Yale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 30/1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 3 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Earl Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jacksonville Fla

12 MAIDEN NAME OF MOTHER Bertha Shaylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant Mrs Shaylor

(Address) 443 Yale ave

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1928

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1928 to July 7, 1928

that I last saw h— alive on July 7, 1928

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

about 5 wks. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pollocksville-Rd.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) M. A Knell, M. D.

July 7, 1928 (Address) Irvington.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: July 9 1928

20 UNDERTAKER: John O Mitchell Sons ADDRESS: 1900 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35498

## CERTIFICATE OF DEATH.

46

E 35498

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 16-70 ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Bertha Harrison

(a) RESIDENCE NO. 2923 Harlem Ave ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: not known Frederick Harrison

6 DATE OF BIRTH (month, day, and year): —

7 AGE: Years 27 | Months — | Days — | If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manicurist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: not given Harry Shelley

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto.

14 Informant: Friend - James Davis

(Address) 2923 Harlem Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-5, 1928, to 7-7, 1928,

that I last saw him alive on 7-7, 1928,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Emil Groves M. D.

, 19 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 7-10-28.

20 UNDERTAKER: M. Fahey — ADDRESS: 5[illegible] Fremont Ave.

JUL 9 1928

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35499

## CERTIFICATE OF DEATH.

37-E 35499

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Madison Ave ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Norris

(a) RESIDENCE NO. 1212 Madison Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Norris

6 DATE OF BIRTH (month, day, and year) ? 1891

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 37 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Harry C. Franklin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Bell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Harry C. Franklin
(Address) 1112 Eutaw St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1928

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to July 6, 1928, that I last saw h alive on July 6, 1928, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Chr Bronchitis

(duration) yrs. 3 mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Diagnosis

(Signed) [illegible] M. D

7/7, 1928 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 7/9/ 19 28

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35500

E 35500

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Cromwell

(a) RESIDENCE No. 713 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)? 1915

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 13 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Paul Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records (Address)

15 Filed JUL 9 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1928

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to July 7, 1928.

That I last saw her alive on July 7, 1928,

and that death occurred, on the date stated above, at 6:45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab and Clinical

(Signed) Henry C. Smith M.D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Md.

DATE OF BURIAL 7/10/1928

20 UNDERTAKER Jos. T. H. Rochester

ADDRESS 1413 Jefferson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35501

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35501

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 708 Penna Ave. 17-23 Ward)

2-FULL NAME James G. Foreman

(a) RESIDENCE NO. 708 Penna Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Foreman

6 DATE OF BIRTH (month, day, and year): Sept 15-1869

7 AGE: Years 58 Months 9 Days 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Greenville

(State or country): S. C.

PARENTS

10 NAME OF FATHER: Jas Foreman

11 BIRTHPLACE OF FATHER (city or town): Greenville

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: Kate Randolph

13 BIRTHPLACE OF MOTHER (city or town): Greenville

(State or country): S. C.

14 Informant (Address): Bertha Foreman 708 Penna Ave

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 6 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 6 mos. ds.

July 8th 19 28 (Coroner) F. C. Funk M. D.

(Address) North Point

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Date of Burial July 11 1928

20 UNDERTAKER: Saml. W. Elgar & Son ADDRESS 1401 Myrtle

A. 23.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35502

## CERTIFICATE OF DEATH.

19 E 35502

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1214 Smith St. (WARD) 16-23

2-FULL NAME Asbury Shelpard.

(a) RESIDENCE NO. 1214 Smith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced? (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lizzie Bulley (Address) 814 Dr. Pleasant

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 3, 19 28, to July 7, 19 28

that I last saw him alive on July 7, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Heat prostration

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. C. Smith, M. D.

July 7th 19 (Address) 1016 Pa. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL July 9 1928

20 UNDERTAKER Wm. H. Grace

ADDRESS Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 35503

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35503

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1937 Jefferson ST.: 6 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Pritchett

(a) RESIDENCE. No. 1937 Jefferson ST., 6 WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F. Pritchett

6 DATE OF BIRTH (month, day, and year) March 21-1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|---|
| | 72 | 3 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Arthur Fairbanks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Eliz. Wilcox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Curry L. Pritchett

(Address) 1937 Jefferson

15 Filed JUL 9 1928 19 W. S. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27. 1928. to July 7. 1928.

that I last saw her alive on July 7. 1928.

and that death occurred, on the date stated above, at 4-30 p. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis — Coma — Fatty Deg

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Curry L. Pritchett M. D.

, 19 (Address) 2246 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Carmel Cem. | July 9 1928 |

20 UNDERTAKER ADDRESS

Wm. C. Black 927 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 35504

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35504

146

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1621 N. Gay St., 8-16 Ward)

2-FULL NAME Agatha Marie Holland

(a) RESIDENCE NO. 1621 N Gay St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed or divorced (or) WIFE of: John H Holland

6 DATE OF BIRTH (month, day, and year): June 8-1861

7 AGE — Years: 67 | Months: | Days: 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Hillmeyer

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Ella Walke

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: John H Holland

(Address): 1621 N Gay St.

15 Filed ..... 19.. Registrar

JUL 9 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 1928

17 I HEREBY CERTIFY, That I attended deceased from 3-16, 1927, to 7-7, 1928, that I last saw h.. alive on 7-7, 1928, and that death occurred, on the date stated above, at 10-5 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxic absorption

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Biopsy & Microscopic

(Signed) Edward [illegible], M. D.

7/8, 1928 (Address) 4 E Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: July 10, 1928

20 UNDERTAKER: Robert J. Turner Sr. — ADDRESS: 1442 N. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35505 ~~H 22~~ E 35505

REGISTERED NO. 15-219

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Holley

(a) RESIDENCE NO. 1644 Gilmor ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 21 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Leon Holley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Mamie Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUL 9 1928, 19 THOMPSON JONES, M. D. Registrar RKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8-28

17 I HEREBY CERTIFY, That I attended deceased from Feb-27, 1928, to July 8, 1928, that I last saw h.e alive on July 8, 1928, and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

following whooping cough

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Septicaemia, streptococcal

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Lyman Wells M. D.

7-9, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL July 10 1928

20 UNDERTAKER Thomas E Kelson — ADDRESS 1303 Freeman St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35506

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35506

## CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital Ward 11)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Krahling

(a) RESIDENCE NO. 3032 E. Balto St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 18, 1908

7 AGE Years 19 1/2 yrs Months 6 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student & baker

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Charles Krahling

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Goschnick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mr. Charles Krahling

(Address) 3032 E. Balto St.

15 Filed ....., 19..... Registrar

C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by fatal shot wound in brain.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

July 9 (Signed) W. J. Fahy M. D.

(Coroner)

, 19 (Address) 1039 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., .....mos., .....ds. In the State.....yrs., .....mos., .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery Date of Burial July 10 1928

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35507

## CERTIFICATE OF DEATH.

185 E 35507

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. No 37 Ward)

2-FULL NAME Frederick Kromer

(a) RESIDENCE NO. Balto City Hospital St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | ~~Widowed~~ Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Lena Kromer~~

6 DATE OF BIRTH (month, day, and year) ~~F~~ 1852

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 76 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Kromer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Balto City Hospital

(Address) Report

15 Filed ....., 19— C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture femur fracture left ~~foot~~ Thigh Terminal Bronchopneumonia

(duration) .....yrs. .....mos. 4 .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Fenlon M. D.

(Coroner)

6/6, 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 3 yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death? Balto. City Hospital

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

PUBLIC CEMETERY. 19

20 UNDERTAKER — ADDRESS

Commissioner Health

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1928 C. HAMPSON JONES, M. D.

TO MORGUE

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35508

161-001 E 35508

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 8 N. Sharp ST. 22-31 WARD)

2—FULL NAME — Infant Pickelsimer

(a) RESIDENCE NO. 8 N. Sharp ST. 22 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Cd

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 7/8/28

7 AGE — Years: — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Walter Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Rosa Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Rosa Jackson

(Address): 8 N. Sharp St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/8/28

17

I HEREBY CERTIFY, That I attended deceased from 7/7/28, 19 28, to 7/8/28, 19 28, that I last saw h... alive on 7/8/28, 19 28 and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Premature Labor

Hours (duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Contracted Pelvis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Bunting Barkley, M. D.

7/8/28, 19 (Address) 10 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY.

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

JUL 9 1928 C. HAMPSON JONES, M. D. Commissioner of Health.

JUL 9 - 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35509

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35509

## CERTIFICATE OF DEATH.

90

BALTIMORE CITY HOSPITALS

1-PLACE OF DEATH [redacted]

CITY OF BALTIMORE: (No. [redacted] ST. 16-31 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Barker

(a) RESIDENCE NO. None obtained ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant BALTIMORE CITY HOSPITALS Relative (Address) [redacted]

15 Filed ....., 19 6600 C. HAMPSON JONES, M. D. 12PM Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-14, 1928, to 7-7, 1928, that I last saw him alive on 7-7, 1928, and that death occurred, on the date stated above, at 5 45 Am.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, General
Chr. myocarditis

4

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C. Hampson Jones, M. D.

BALTIMORE CITY HOSPITALS

....., 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL 19

20 UNDERTAKER [illegible] ADDRESS [illegible]

JUL 5 - 192

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35510

CERTIFICATE OF DEATH.

31 E 35510

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (C.H. 58 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Eyre

(a) RESIDENCE NO. 1016 E. Fayette st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER James Eyre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mamie Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed JUL 9 1928 C. HAMPSON JONES Registrar

2608

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 16, 1928, to July 4, 1928, that I last saw him alive on July 4, 1928, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Henry C Smith, M. D.

7-5-1928 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND DATE OF BURIAL 19

20 UNDERTAKER Baltimore Health, ADDRESS JUL 9 - 1928

THIS BATTERED BIRTH RECORD. Every ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35511

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35511

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (17-25 31) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley Jones

(a) RESIDENCE NO. 515 N. Pine st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Separated |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Samuel Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1928 to July 2 1928

that I last saw h im alive on July 2 1928

and that death occurred, on the date stated above, at 10.50 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Henry C Smith, M. D.

7-3- 1928 Address Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER C. HAMPSON JONES, M.D.

ADDRESS Commissioner Health.

JUL 9 - 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35512

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 35512

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 929 Stirling ST. 10-14 WARD)

2—FULL NAME Lareitia G. Harris

(a) RESIDENCE NO. 929 stirling ST. .... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 22. 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 4 | 17 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) MD

PARENTS

10 NAME OF FATHER George Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Evelyn Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MD

14 Informant Evelyn Harris

(Address) 929 stirling st

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 8, 1928, that I last saw h[illegible] alive on July 8, 1928 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Primary

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

July 9 1928 (Address) 508 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Arbury cemetery | July 10 1928 |
| 20 UNDERTAKER | ADDRESS |
| Edward Bryors | 1631 Orleans |

NOTICE—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35513

# HEALTH DEPARTMENT—CITY OF BALTIMORE

169

E 35513

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Harbor at

City of BALTIMORE: (No. Foot Fell St St. 5-8 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Lyons

(a) RESIDENCE NO. Levering House- Front & Fayette Sts. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown 1871

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mr. Frank O'Neill

(Address) 656 Dumbarton St.

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

1526

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to h___ death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Drowning while Insane

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) James M. Fenton M. D. (Coroner)

7 J. 1925 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| St. Vincent's Cemetery | 7/10/25 19 |

20 UNDERTAKER Chas. R. Grant & Son ADDRESS 1181 N. Howard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# E 35514 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35514

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1721 Homestead ST. 9-47 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARGUERETE PHELPS

(a) RESIDENCE NO. 1721 Homestead ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur C. Phelps

6 DATE OF BIRTH (month, day, and year) May 30, 1896

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 1 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Fettinger

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mollie Haacke

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. Wilbur C. Phelps (Husband)

(Address) 1721 Homestead Street.

15 Filed JUL 5 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, 1928

17

I HEREBY CERTIFY, That I attended deceased from April, 1927, to July 7, 1928, that I last saw h[illegible] alive on July 7, 1928 and that death occurred, on the date stated above, at 10.05 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? T

(Signed) [illegible] M. D.

7/9, 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 10 1928

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: BALTIMORE ST. & BROADWAY.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1 12-23—M&T—500 Bks.

E 35515

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35515

## CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No.) Balto Md. (St.) 76-37 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Treva Masted

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year) 1892

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Waitress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tennessee

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hosp Balto Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-1928

17

I HEREBY CERTIFY, That I attended deceased from 6-16-1927 to 7-6-1928

that I last saw h[illegible] alive on 7-6-1928

and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serological & Clinical

(Signed) Henry [illegible] M. D.

19 [illegible] (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Knoxville Tenn.

DATE OF BURIAL July 9 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Broadway and Baltimore St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

[illegible] 1928 C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35516

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35516

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE [redacted] HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 26-31 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Gedigar

(a) RESIDENCE NO. Balto City Hosp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: 71 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Peter ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records

(Address) MORE [redacted]

15 Filed [redacted], 19 [redacted] Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-14, 1928, to 7-1, 1928,

that I last saw him alive on 7-1, 1928

and that death occurred, on the date stated above, at 6⁰⁰ A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, of Stomach (?)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) C. Hampson Jones, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

DATE OF BURIAL: 7/9/1928

20 UNDERTAKER: John J Fahey Son & Light

ADDRESS

Spec.—1-12-23—M&T—500 Bks.

E 35517

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35517

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 N. Sterling St. WARD 10-14)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Melvin

(a) RESIDENCE No. 1016 N. Sterling St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | C. | Married |

3a If married, widowed, or divorced (HUSBAND of or) WIFE of Seamon Melvin

6 DATE OF BIRTH (month, day, and year) Unknown 80

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chase City Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Seamon Melvin (Address) 1016 N. Sterling

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to July 7, 1928, that I last saw h er alive on July 6, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis & Anasarca (duration) yrs. 20 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. J. Young M. D.

7/8, 1928 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chase City Va — DATE OF BURIAL July 9, 1928

20 UNDERTAKER Mrs. K. A. Elliott — ADDRESS 1725 Ashland Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CLINICAL HISTORY is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35518

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35518

## CERTIFICATE OF DEATH

74-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 526 Central ave ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Della Killebrew

(a) RESIDENCE NO. 526 Central ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Col | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 60 yrs. | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Isaac Killebrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Henry Rogers
(Address) 100 I St. Spring Pk.

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/7/28

17 I HEREBY CERTIFY, That I attended deceased from 7/5/28, 19...., to 7/7/28, 19....,
that I last saw her alive on 7/7/28, 19....
and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:
Cerebra apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) D. St. Thomas, M D.

, 19 (Address) 1029 St Spring Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Cemetery | July 11, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mrs. R. A. Elliott | 1125 Eastland ave |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA[illegible] important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

OE 35519

## CERTIFICATE OF DEATH.

OE 35519

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N. Kenwood Ave ST.) (6 WARD)

REGISTERED NO. 10 74

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Reitze

(a) RESIDENCE NO. 132 N. Kenwood Ave

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav N. Reitze

6 DATE OF BIRTH (month, day, and year): Nov. 5, 1858

7 AGE — Years: 69 — Months: 8 — Days: 2 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. Theiz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: William J. Reitze

(Address): 132 N. Kenwood Ave

15 Filed July 24, 1928 — C. HAMPSON JONES, M. D. Registrar — RKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 1928

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to July 7, 1928, that I last saw h[illegible] alive on July 7, 1928, and that death occurred, on the date stated above, at 6.05 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert F. Green, M. D.

7-8, 1928 (Address) 120 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: July 10 1928

20 UNDERTAKER: Fell's Sons, John N. Fenfelsdon — ADDRESS: 101 W. Fayette

REMOVE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35520

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35520

31

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 301 So Bouldin ST. 76-K WARD)

2-FULL NAME Edmund F. Comfort

(a) RESIDENCE NO. 301 So Bouldin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Richards

6 DATE OF BIRTH (month, day, and year) June 1877

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 54 | 1 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 0 30

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Arthur E. Comfort

(Address) 929 N. Fulton Ave.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

L 6 1928 Per RFH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 7, 1928, that I last saw him alive on July 7, 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. L. Mayer, M. D.

7/9, 1928 (Address) 761 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL July 11, 1928

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 250 North ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35521

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35521

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 21-29 (Ward)

2-FULL NAME Ruth Griswould

(a) RESIDENCE NO. 844 Carroll St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
May 31, 1928.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 1 | 7 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER George A. Griswould

11 BIRTHPLACE OF FATHER (city or town) Balto. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Pearl Martin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md.

14 Informant Geo. A. Griswould
(Address) 844 Carroll St.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

(Signed) Agnes Keller, M. D.
(Coroner)

7/9/ 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — Date of Burial: 7/10/19 28.

20 UNDERTAKER: Wm. Cook. — ADDRESS: 502 E.North

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35522

## CERTIFICATE OF DEATH.

84 E 35522

REGISTERED NO._____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. 909 S. Curley St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Magska

(a) RESIDENCE NO. 909 S Curley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacenty Magska

6 DATE OF BIRTH (month, day, and year) Mar 8 1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 40 | 3 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of indnstry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Michigan

PARENTS

10 NAME OF FATHER Thomas Weber

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland

12 MAIDEN NAME OF MOTHER x Andzyk

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland

14 Informant Jacenty Magska

(Address) 909 S Curley

15 Filed_____, 192____ Registrar

C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lungina Pleurisy

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) Chronic Tonsilitis

(duration) 1 yrs. ____ mos. ____ ds.

(Signed) James L McKenna D.

(Coroner)

7/7. 192 8 (Address) 7002 Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Stanislaus July 9 1928

20 UNDERTAKER ADDRESS

John F Weber 401 2 Chester

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35523

## CERTIFICATE OF DEATH.

90 E 35523

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Edgewood Rd. 15-62 STREET, WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas O. Morris

(a) RESIDENCE No. 3601 Edgewood Road STREET ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mes. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence P. Morris

6 DATE OF BIRTH (month, day, and year) Apr. 26-1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 66 | 2 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 004

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bull S. S. Co

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Thos. Morris

11 BIRTHPLACE OF FATHER (city or town) Wales

(State or country)

12 MAIDEN NAME OF MOTHER Mary A Barrett

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) England.

14 Informant Mrs. Florence P. Morris

(Address) 3601 Edgewood Road

15 Filed ..... 19 ..... Registrar .....

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1928

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1928, to July 8, 1928.

that I last saw him alive on July 8, 1928

and that death occurred, on the date stated above, at 11.28 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Result of Hypertension —

Angina Pectoris

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam etc

(Signed) Lea L. Mickins M. D.

(Address) 224 E. 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL July 10 1928

20 UNDERTAKER Wm J. Tickner & Sons ADDRESS N. Y. Pa.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Hawes.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35524

## CERTIFICATE OF DEATH.

16-002 E 35524

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 N. Carrollton Ave 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Hawes

(a) RESIDENCE NO. 609 N. Carrollton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 21 - 1924

7 AGE — Years: 4 Months: 2 Days: 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child. (D)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md July 8
(State or country)

PARENTS

10 NAME OF FATHER: Benj. Hawes

11 BIRTHPLACE OF FATHER (city or town): Va
(State or country)

12 MAIDEN NAME OF MOTHER: Eva Jones

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Eva Hawes
(Address): 609 N. Carrollton

15 Filed....., 19..... HAMILTON JONES, M. D. Registrar

JUL 10 1926

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 8 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) .....yrs. .....mos. one ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Signed July 8th F. B. Lurz M. D.

19 (Address) 1811 Bk St & Druid

*State the Disease Causing Death, or in deaths from Violent ns, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: July 10 1926

20 UNDERTAKER: Jesse A. Redden — ADDRESS 436 A. Biddle St

NOTICE PLEASE.—WRITE PLAINLY WITH FADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35525

## CERTIFICATE OF DEATH.

33188-002

E 35525

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Home for Incurables St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gordon A Lewis

(a) RESIDENCE NO. 523 E. Clement St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 14 1906

7 AGE: Years 22 Months 5 Days 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffer for U.S.

(b) General nature of industry, business, or establishment in which employed (or employer): Dyeing + Cleaning

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Northumberland Co Va

PARENTS

10 NAME OF FATHER: Dorsey E Lewis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Northumberland Co Va

12 MAIDEN NAME OF MOTHER: Emma A Haynie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Northumberland Co Va

14 Informant: Mrs Emma A Lewis

(Address) 523 E Clement St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows: Jas W Burns - Auto + Ship of Hard Road Car accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J Morrison M. D.

(Coroner)

7/8, 1928 (Address) 2492 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial July 10 1928

20 UNDERTAKER: John F Denny ADDRESS 915 Lisbon St

A. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 10 1928 [illegible] M. D.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

B 35526 — 113 B 35526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1608 Jefferson ST. 7-9 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mathew Nathan White

(a) RESIDENCE NO. 1608 Jefferson ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 10, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 1 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Mathew White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Dorothy Weems

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Father
(Address) 1608 Jefferson St

15 Filed ....., 19 .....
HAMILTON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1928.

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to July 8, 1928, that I last saw him alive on July 8, 1928, and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Diarrhea / Enteritis /

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Calvin B. LeCompte M. D.

, 19 (Address) 814 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: July 10 1928

20 UNDERTAKER: Mrs J. G. Locks

ADDRESS: 1302 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 35527

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35527

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 Maryland ave ST. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Jane Frantz

(a) RESIDENCE No. 2438 Maryland ave ST., 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 12, 1857

7 AGE: Years 70 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10 NAME OF FATHER: Thomas B Frantz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co. Md.

12 MAIDEN NAME OF MOTHER: Martha Tracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant (Address): Deceased.

15 Filed JUL 10 1928, 19 H. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928, to July 9, 1928,

that I last saw h-er alive on July 9, 1928,

and that death occurred, on the date stated above, at 12.25 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Carcinoma left breast

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Horace E Cross, M. D.

July 9, 1928 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Methodist

DATE OF BURIAL: 7-10-1928

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun & Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35528

## CERTIFICATE OF DEATH.

90 E 35528

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Immunt St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Goldfarb

(a) RESIDENCE NO. 1040 E Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) July 10 - 1923

7 AGE: Years 5 Months 11 Days 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Morris Goldfarb

11 BIRTHPLACE OF FATHER (city or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER Ida Goldfarb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Ida Goldfarb

(Address) 1040 E Lombard St

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1925

7-9

17

I HEREBY CERTIFY, That I attended deceased from 4-23 1924, to 7-9 1925,

that I last saw h... alive on 7-9 1925,

and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease

(duration) ...yrs. 3 mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial: July 10, 25

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

214994 E 35529 — 44 E 35529

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Stinnett

(a) RESIDENCE NO. 1934 Low St ST., WARD M.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, ~~Widowed, or Divorced, (write the word)~~ |
|---|---|---|
| Male | Col- | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lillian

6 DATE OF BIRTH (month, day, and year) 1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 49 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6-1928

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1928, to July 6, 1928, that I last saw h/M alive on July 6, 1928 and that death occurred, on the date stated above, at 12 55 P. m.

The CAUSE OF DEATH* was as follows:

Generalized carcinomatosis, peritoneally, due to primary carcinoma of stomach, involving ureters & adrenal gland.
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Postoperative
(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of June 22, 1928

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) I. Rideman Trimble M.D.

July 8 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Bury cemetery | July 10 1928 |
| 20 UNDERTAKER Edward Bryon | ADDRESS 1631 Orleans St |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

21596 E 35530

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 27 ✓ E 35530

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST., 7-9 WARD)

2—FULL NAME Richard Edwards —

(a) RESIDENCE NO. Solly - Md - ST., ... WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 11 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22, 1925

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 2 | 11 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Nelson Edwards

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Pearl Hammond

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Friends —
(Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5 —, 1928, to July 9, 1928, that I last saw h. live on July 9, 1928 and that death occurred, on the date stated above, at 4 15a m.

The CAUSE OF DEATH* was as follows:

Acute ascending Poliomyelitis

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Solly, Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Appearance of spinal cord

(Signed) Lyman Meeks, M. D.

July 9 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet cemetery | July 10 1928 |
| 20 UNDERTAKER Edward Bryan | ADDRESS 163 Orleans st |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35531

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

66 E 35531

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 522 W. Saratoga St. 4-25 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Barnes

(a) RESIDENCE NO. 522 W. Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Nicholas Barnes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Alberta Cole

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Jacobs A. Hunt

(Address) 310 College Alley.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

7/9/ 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., .....mos., .....ds. In the State .....yrs., .....mos., .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial 7/10 1928

20 UNDERTAKER Samuel Thuston Funeral Address

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35532

## CERTIFICATE OF DEATH.

171 E 35532

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James McGraw

(a) RESIDENCE NO. 1436 Prestman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | S |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3/1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 2 | 9 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Paul McGraw

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Katie Jennings

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mother

(Address)

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2/1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lead Poisoning

(Probably accident l-source undetermined)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. W. Bates M. D.

(Coroner)

7/10/1928 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Auburn Date of Burial 7-11 1928

20 UNDERTAKER C. C. Wright ADDRESS 1367 E. Lorey st

Per J. M. Skinner

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 35533

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

H E 35533

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 W. Cross St.) 21-24 (WARD)

2-FULL NAME George Doerr

(a) RESIDENCE No. 1239 W. Cross ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 54 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Doerr

6 DATE OF BIRTH (month, day, and year): March 24 1874

7 AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | 3 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Conrad Doerr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Annie E. Doerr
(Address) 1239 W. Cross St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to July 9, 1928.

That I last saw him alive on July 3, 1928.

And that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Palpation & by Physician

(Signed) J. M. Deleveth, M. D.

July 9 1928 (Address) 621 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 11 1928

20 UNDERTAKER: Sos Freedland & Son — ADDRESS: 2173 Pa. Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 10 1928 C. HAMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35534 161-001 E 35534

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 20-69

CITY OF BALTIMORE: (No. 110 S. Catherine ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Edna May Lorenstein

(a) RESIDENCE NO. 110 S Catherine ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) July 9/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gerald I Lorenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa.

12 MAIDEN NAME OF MOTHER Edna May Kuhl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Gerald I Lorenstein
(Address) 110 S. Catherine St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9/28

17 I HEREBY CERTIFY, That I attended deceased from 7/7/, 1928, to 7/9/28, 19..., that I last saw h... alive on 7/8/28, 19..., and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (2)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard J. Tracy, M. D.

7/9/1928 (Address) 1 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cemetery | July 10 1928 |

20 UNDERTAKER Harry N Amacher ADDRESS 4004 Ridgewood Ave

JUL 10 1928 H. HAMPSON JONES, M. D.

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. If DEATH in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Blks.

E 35535

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35535

## CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1135 Parish St. (Ward) 16-22

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Eliza Ellen Smallwood

(a) RESIDENCE NO. 1135 Parish ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | col | widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 56 | — | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Wesley Smallwood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Eliza Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Elsie Smallwood

(Address) 1135 Parrish St

15 Filed ....., 19.... Registrar

C. HAMPTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 7, 1928

that I last saw h[illegible] alive on July 6, 1928

and that death occurred, on the date stated above, at 7:45 A.m.

The CAUSE OF DEATH* was as follows:

Acute Diffuse Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(duration) yrs. mos. 0 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

7/9, 19.... (Address) 1 W Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 7/10 - 1928

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa Ave

Spec.—1-12-23—M&T—500 Bks.

E 35536

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35536

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 14-27 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edgar B. Tucker (Richmond)

(a) RESIDENCE NO. 523 N. Fulton Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 15-1865

7 AGE Years 62 Months 10 Days 26 If LESS than 1 day, hrs. or ..... min.

63

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Train Dispatcher

(b) General nature of industry, business, or establishment in which employed (or employer) Southern R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond, Va. (State or country)

PARENTS

10 NAME OF FATHER Sylvester Jefferson Tucker

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) unknown

14 Informant Edgar B. Tucker (Address) 523 N. Fulton Ave

15 Filed JUL 12 1928, 19 ..... Registrar Burt

L 10,1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to July 10, 1928, that I last saw him alive on July 10, 1928, and that death occurred, on the date stated above, at 8:05 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure
Myocarditis - Chronic

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schreiber, M. D.

, 19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va | DATE OF BURIAL July 12 1928

20 UNDERTAKER Geo. H. Tuttle | ADDRESS Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35537

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35537

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 913 Leadenhall ST. (or WARD) 2231

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Grayson

(a) RESIDENCE NO. 913 Leadenhall ST., 22 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rachel Grayson

6 DATE OF BIRTH (month, day, and year) Sept 5 1869

| 7 AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 9 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

PARENTS

10 NAME OF FATHER Jacob Grayson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co; Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co. Md.

14 Informant Rachel Grayson (Address) 913 Leadenhall St.

15 Filed ....., 19 .... Registrar

C. HAMPTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/ 19 28

17 I HEREBY CERTIFY, That I attended deceased from 4/24/, 19 28, to 7/8/, 19 28, that I last saw ~~him~~ alive on 7/7/, 19 28 and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis (duration) yrs. 2 mos. 1/4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical & History

(Signed) [illegible] Faulcon, M. D.

, 19 (Address) 709 Hedert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 7/11 19 28

20 UNDERTAKER Walter B. Spriggs

ADDRESS Westminster St.

Spec.—1-12-23—M&T—500 Bks.

E 35538

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35538

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 12-51 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph McHugh

(a) RESIDENCE NO. 846 President St., Brooklyn, N.Y. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1900

7 AGE — Years: 27 — Months: 8 — Days: 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): seaman

(c) Name of employer: S.S. "J. L. Luckenbach

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Patrick McHugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine McCue

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: Records, U.S. Marine Hospital (Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 19 28

17

I HEREBY CERTIFY, That I attended deceased from Jan. 24, 19 28, to July 8, 19 28,

that I last saw him alive on July 8, 19 28,

and that death occurred, on the date stated above, at 8:30 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, chronic, active

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On board ship

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination and laboratory findings

(Signed) Houston J. Foster, M. D.

July 9, 1928 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Halow Mt Carmel Rd — DATE OF BURIAL: 7/10 19 28

20 UNDERTAKER: Sol Sherman & Bro — ADDRESS: 1127 E Baltimore St

Spec.-7-17-26-A Co.-200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 35539

E 35539

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO.

City of BALTIMORE: (No. Howard & Madison St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Merrill Treadwaw

(a) RESIDENCE NO. 86 Darley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21 1919

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 9 | 5 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Detroit

(State or country) Michigan

PARENTS

10 NAME OF FATHER John E Treadwaw

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) md

12 MAIDEN NAME OF MOTHER Lillian Lowa

13 BIRTHPLACE OF MOTHER (city or town) Cleburgin

(State or country) Michigan

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 9, 1928, that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis Tibia (Rt)

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 6, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. E. Kerr-Anderson M. D.

7/9, 1928 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 7/10 1928

20 UNDERTAKER Philip Hessig ADDRESS 2016 Orleans St

JUL 10 1928 HAMPSON JONES, M. D.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35540 CERTIFICATE OF DEATH. 129 E 35540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3604 Frederick Ave (Ward) 10-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lucrinia Bassett

(a) RESIDENCE No. 3604 Frederick Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Richard L. Bassett

6 DATE OF BIRTH (month, day, and year): Jan 14 1845

7 AGE: Years 83 Months 5 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thos. Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Mary Carroll

(Address): 3604 Frederick Ave

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1928

17 I HEREBY CERTIFY, That I attended deceased from July 7th, 1928, to July 9, 1928, that I last saw her alive on July 9th, 1928 and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart disease

Chr. Nephritis

Arterio Sclerosis.

(duration) 3 yrs: mos ds.

CONTRIBUTORY (Secondary): Myocardias Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test (confirmed diagnosis? Clin. Findings.

(Signed) James Brownell, M.D.

(Address) 715 Frederick Ave. Catons.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 12 1928

20 UNDERTAKER: George Smith — ADDRESS: Collins

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I viewed the body of the deceased, whose name is given above, that I was present at the post mortem examination made by Dr. Hampson Jones, M.D., and that the cause of death was as stated by him.

Dated this 10 day of July, 1928. L. Hamp Jones, M.D.

Medical Examiner.

Notice should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35541

E 35541

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Simmonds Greenwell St 20-64 WARD)

2-FULL NAME .....

(a) RESIDENCE NO. 2819 Frederick ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Greenwell

6 DATE OF BIRTH (month, day, and year) April 26 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 2 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Md
(State or country)

PARENTS

10 NAME OF FATHER Frank Greenwell

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Cornelia Robb

13 BIRTHPLACE OF MOTHER (city or town) ? Md
(State or country)

14 Informant Clerk BALTIMORE CITY HOSPITALS
(Address) [redacted]

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-8 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-14 1928, to 7-8 1928.

that I last saw him alive on 7-8 1928

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertention & arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis Physical Examination

(Signed) C. Stevenson Bond, M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Olivet | July 10 1928 |
| 20 UNDERTAKER George J. Smith | ADDRESS 153 L Hollins |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35542

## CERTIFICATE OF DEATH.

27-16 7H 1001 35542

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 16 Fear Ave. ST.: 27-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Powhatan Snelling.

(a) RESIDENCE. No. 16 Fear Ave. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Sarah Walker Snelling

6 DATE OF BIRTH (month, day, and year) Dec 22, 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 7 | 17 | |

8 OCCUPATION OF DECEASED 79 18

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stafford Co. Virginia

PARENTS

10 NAME OF FATHER James Snelling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Stafford Co. Virginia

12 MAIDEN NAME OF MOTHER Delay Odor.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs J. W. Davis (daughter) (Address) Radcliffe Va.

15 Filed ..... 19..... Registrar

Per .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th 1928

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1928, to July 9, 1928, that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows: Paralysis. General break down. Hy Aorta disease. Heart dilated. Was paralyzed 24 hours before death. 24 (duration) 2 mos 3 days.

CONTRIBUTORY (Secondary) Hemorrhage into 4th Ventricle (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Objective Symptoms

(Signed) G. H. Beckley, M. D.

, 19 (Address) 3337 Belvidere Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredericksburg Va

DATE OF BURIAL 7/11 1928

20 UNDERTAKER Wm Cook

ADDRESS 501 E Mad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 10 1928 CAMERON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35543 — 90 E 35543

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1603 Clayton Court. St.) 24-34 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Karcher.

(a) RESIDENCE NO. 1603 Clayton Court. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---- ds. How long in U. S., if of foreign birth? 50 yrs. ---- ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced, HUSBAND of (XXXXXXXXXXXX) XXXXXXXX: Sophia Katcher.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE — Years: 59 — Months: ---- — Days: ---- — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany.

PARENTS

10 NAME OF FATHER: Frederick Karcher.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Catherine ----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany.

14 Informant: Sophia Karcher. (wife)

(Address): 1603 Clayton Court.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.
(Coroner)

7/10, 1928 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: 7/10 1928

20 UNDERTAKER: Wareham Cook — ADDRESS: 502 E North Ave

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35544

## CERTIFICATE OF DEATH

161-002

E 35544

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 16-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bailey Boyd Hobbs

(a) RESIDENCE NO. 2728 Prospect Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 7–28

7 AGE Years Months Days: 2

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Arthur B Hobbs

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary C Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Arthur B Hobbs

(Address) 2728 Prospect Ave

15 Filed JUL 10 1928 HAMPSON JONES, M. D. Registrar

RLC

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/9/28

17 I HEREBY CERTIFY, That I attended deceased from 7/7/28 to 7/9/28, that I last saw h[illegible] alive on 7/9/28, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Atelectasis Left Lung

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C E Wentzel, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

Date of Burial: 7/11 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Nath

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35545

## CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 35545

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1808 N. Regester St. (ST.) 8-17 (WARD)

2-FULL NAME Oscar Menzel

(a) RESIDENCE NO. 1808 N. Regester St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bertha E. Menzel

6 DATE OF BIRTH (month, day, and year) Jan. 6, 1867.

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 61 | 6 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 084

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Menzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hetzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bertha E. Menzel

(Address) 1808 N. Regester St.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1928

17

I HEREBY CERTIFY, That I attended deceased from April 23, 1928, to July 8, 1928,

that I last saw him alive on July 8, 1928,

and that death occurred, on the date stated above, at 8-30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Gill Hall M. D.

July 9 1928 (Address) 1631 E. North av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July, 11/28

20 UNDERTAKER: Harry A Witzke — ADDRESS: 1531 W Fayette St

CAUSE OF DEATH to print plainly, so that it may be properly classified. EACH QUESTION TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35546

## CERTIFICATE OF DEATH.

E 35546

REGISTERED NO. 74-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 W Saratoga St. ST. 70-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Petz

(a) RESIDENCE NO. 2109 W Saratoga St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emelia M (nee Volkmar)

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1847

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 10 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Express Messenger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Rwy. Express

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Petz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown Knox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Emelia M. Petz

(Address) 2109 W. Saratoga St.

15 Filed JUL 10 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928 to July 9, 1928.

that I last saw h[illegible] alive on July 9, 1928.

and that death occurred, on the date stated above, at 10:10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) High blood pressure arteriosclerosis

(duration) 3 & 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) L. F. Shumwell, M. D.

July 10, 1928 (Address) 3310 Forga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | 7/11/28 |
| 20 UNDERTAKER Harry H Witzke | ADDRESS 1531 Lombard St |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DEATH is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35547

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

61-002

E 35547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 14-28 Ward)

2-FULL NAME Emma Alexander

(a) RESIDENCE NO. 2173 W. Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 30, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 3 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Arnold Alexander

11 BIRTHPLACE OF FATHER (city or town) Ft. Wetherby, (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Mehl

13 BIRTHPLACE OF MOTHER (city or town) Charlestown (State or country) Md.

14 Informant C. T. Stevens
(Address) 150 E. Fort Ave.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-1928

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to July 9, 1928, that I last saw her alive on July 9, 1928 and that death occurred, on the date stated above, at 6.40 a.m.

The CAUSE OF DEATH* was as follows:

Hyperpyrexia (cause unknown).

Birth injury.

(duration) ... yrs. ... mos ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Not clear.

(Signed) Palmer F. C. Williams, M. D.

7/7, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL July 11 1928

20 UNDERTAKER Chas. L. Stevens. ADDRESS 150 E Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important See instructions on back of certificates.

CHAMBERS, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 35548 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35548

90

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 2003 E Monument St (ST.) 7-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonio Esposito

(a) RESIDENCE NO. 2003 E. Monument St (ST.) (WARD)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary V. Esposito

6 DATE OF BIRTH (month, day, and year): March 7. 1854

7 AGE — Years: 74 — Months: 4 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Raphael Esposito

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rosa Carofelo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Bonchita Birch

(Address) 2003 E. monument st

15 Filed JUL 10 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to July 8, 1928, that I last saw him alive on July 8, 1928, and that death occurred, on the date stated above, at 5 00 m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

10. 19 28 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: July 11 1928

20 UNDERTAKER: Williams & Schaeffer — ADDRESS: 1816 Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35549

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hosp. REGISTERED NO. 790 E 35549

CITY OF BALTIMORE: (No. ... ST. 16 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Flora Sullivan

(a) RESIDENCE No. 917 Montgomery St. ST., Laurel, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Geo. County.

PARENTS

10 NAME OF FATHER John Carick

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Redmiles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) /

14 Informant Hospital Records (Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1928. to July 9, 1928. that I last saw h- alive on July 9, 1928. and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease.

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Uremia

Uremia (duration) ... yrs. ... mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schreiber, M. D.

, 19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Md — DATE OF BURIAL: July 12 28

20 UNDERTAKER: L Loyd Kaiser — ADDRESS: Laurel Md

TION is very important. See instructions on back of certificates.

HAMPSON JONES M. D.

JUL 10 1928

Spec.–7-17-26—A Co.—200 Bks.

E 35550

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

57 E 35550

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 37 E. Fort ave. St. 23-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roland J. Gorrick

(a) RESIDENCE NO. 37 E. Fort ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5/13

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 15 | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.

(State or country)

PARENTS

10 NAME OF FATHER Martin J. Gorrick

11 BIRTHPLACE OF FATHER (City or town) Balto, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Julia Eughrue

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Mrs. Gorrick

(Address) 37 E. Fort ave.

15 Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 19 28.

17 I HEREBY CERTIFY, That I attended deceased from June 8 19 28. to July 8 19 28.

that I last saw h alive on July 8 19 28.

and that death occurred, on the date stated above, at 6.00 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) J. H. Chesney M. D.

19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Cathedral Cemetery | July 11 1928 |
| 20 UNDERTAKER Margaret J. Flynn | ADDRESS 1422 Light |

CHARLTON JONES, M. D.

JUL 10 1928

RKR.

This should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35551

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35551

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 W Pratt ST. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Kehoe

(a) RESIDENCE NO. 1834 W Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 15-1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 3 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Michael Kehoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Lally

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James Kehoe (Address) 1834 W. Pratt St

15 Filed . 19 Registrar

C. HAMPSON JONES, M. D.

Per CRK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925, to July 10, 1928, that I last saw him alive on July 10, 1928, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Endocarditis

Chronic Interstitial Nephritis

(duration) yrs. 1 mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Patrick E. Kehoe M. D.

7/9, 19 28 (Address) 2451 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Peters Cemetery | July 12 1928 |
| 20 UNDERTAKER | ADDRESS |
| George L. Schwab & Son | 701 Hollins Ave. |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35552 ✓ 129 E 35552

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Earl Court Apt

CITY OF BALTIMORE: (No. Preston St Paul ST. 11-15 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pamelia Ann Holton

(a) RESIDENCE NO. Earl Court Apt ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of: Late Hart B. Holton

6 DATE OF BIRTH (month, day, and year): March 7th 1834

7 AGE — Years: 94 Months: 4 Days: 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Conn.

PARENTS

10 NAME OF FATHER: James S Gary

11 BIRTHPLACE OF FATHER (city or town) (State or country): Conn.

12 MAIDEN NAME OF MOTHER: Hannah Forest

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass

14 Informant: Standley Gary
(Address): Catonsville Md.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July - 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Four years, 1924 to July - 9, 1928, that I last saw her alive on July 9, 1928, and that death occurred, on the date stated above, at 6 45 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia -

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary): Chronic - Nephritis -

(duration) 20 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No -

What test confirmed diagnosis? -

(Signed) Joseph William Keighley, M. D.

(Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: July 11 1928

20 UNDERTAKER: Henry Hankins & Sons.

ADDRESS: Eutaw & Mc Colloh

Spec.—1-12-23—M&T—500 Blks.

E 35553 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35553

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Mondawmin Ave. S. 13-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felix Bendann

(a) RESIDENCE NO. 2202 Mondawmin Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Scott Lindred Bendann

6 DATE OF BIRTH (month, day, and year) June 21st. 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 0 | 19 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Art Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER David Bendann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Seliger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Laurence Bendann

(Address) 2202 Mondawmin Ave.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th. 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1926, to July 9, 1928

that I last saw him alive on July 9, 1928

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of about August 1926

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas W. Larrick, M. D.

(Address) 1327 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Balto. Hebrew Cem.

DATE OF BURIAL 7/11/ 1928

20 UNDERTAKER David Sondheim

ADDRESS 118-20 W. Mt. Royal Ave.

TION is very important See instructions on back of certificates.

Spec.—1-12-23—MAT—600 Blks.

E 35554 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35554

90

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1717 N. Caroline ST. 8-17 (WARD)

2-FULL NAME Henry Link

(a) RESIDENCE NO. 1717 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 5 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, ~~(write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Anna K Link

6 DATE OF BIRTH (month, day, and year): Dec 4th 1859

7 AGE: Years 68 Months 7 Days 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Link

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Hertz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Anna K Link 1717 N. Caroline St

15 Filed July 12th, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1928 to July 9, 1928

that I last saw h alive on July 9, 1928

and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Infected Arthritis

(duration) yrs. 1 2 mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James A. Clark M. D.

1928 (Address) 2a to the Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 12th 1928

20 UNDERTAKER: George E. Sullivan & Bro — ADDRESS: 1262 Monroe St

TION is very important See instructions on back of certificates.

7

Spec.—1-10-21—M&T—1500 Blks.

May.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35555

## CERTIFICATE OF DEATH.

31

E 35555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) 26 S. Carlton St. 18-26 (WARD)

2-FULL NAME Stanley Edward Leary

(a) RESIDENCE NO. 26 S. Carlton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emily Brady Leary

6 DATE OF BIRTH (month, day, and year) Jan 3/10

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 18 | 7 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Do~~

(b) General nature of industry, business, or establishment in which employed (or employer) Paint Mixer

(c) Name of employer Hanline.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Leary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Bessie Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mother - Bessie Powell

(Address) 26 S. Carlton St.

15 Filed ....., 19.... Registrar

10 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1928

17 I HEREBY CERTIFY, That I attended deceased from 4. 24, 1928, to 7.7, 1928,

that I last saw him alive on 7.7, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis with Mitral Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) H. P. Hughes M. D.

7.9, 1928 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Zion Cem — DATE OF BURIAL 7/11/28

20 UNDERTAKER Dennet Easton — ADDRESS 516 Mc

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35556

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 N. Fulton ave St. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David E. Little

(a) RESIDENCE NO. 1530 N. Fulton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma J. Little

6 DATE OF BIRTH (month, day, and year) 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Carroll Co

(State or country) Md.

PARENTS

10 NAME OF FATHER Carver Little

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Ella Worrell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs E. J. Little

(Address) 1530 N. Fulton ave

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1928 to July 8, 1928

that I last saw him alive on July 8 1928

and that death occurred, on the date stated above, at 8-10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of Heart

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

7/9, 1928 (Address) 1111 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Meadow Branch Md

DATE OF BURIAL 7/11/1928

20 UNDERTAKER Daniel Easton

ADDRESS 716 E Ave.

TION is very important. See instructions on back of certificates.

[illegible] HAMPSON JONES M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35557 ✓ E 35557

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 12-51 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evaristo Camano

(a) RESIDENCE NO. 128 Talbot St., Norfolk, Va. ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Oct. 23, 1891

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 9 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Water tender

(b) General nature of industry, business, or establishment in which employed (or employer) seaman

(c) Name of employer U.S.Dredge "Chinook"

9 BIRTHPLACE (city or town) Spain
(State or country)

PARENTS

10 NAME OF FATHER Andre Camano

11 BIRTHPLACE OF FATHER (city or town) Spain
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Spain
(State or country)

14 Informant Records, U.S. Marine Hospital
(Address)

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1928

17

I HEREBY CERTIFY, That I attended deceased from February 28, 1928, to July 8, 1928, that I last saw him alive on July 8, 1928, and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, chronic, active

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) none

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? On board Dredge

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical examination and laboratory findings

(Signed) Houston G. Fiske, M. D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL July 11, 1928

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 125 E. North Ave.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35558

## CERTIFICATE OF DEATH.

29-001

E 35558

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis V. Rusk

(a) RESIDENCE NO. Norris Ave., Lansdowne, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 16, 1915

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 12 | 7 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Louis E. Rusk

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Griese

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mr. Louis E. Rusk

(Address) Norris Ave., Lansdowne, Md.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JUL 1928 - ACH

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Tetanus.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feller, M. D. (Coroner)

7/10/28 (Address) 1739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial July 12 1928

20 UNDERTAKER Joseph Cook ADDRESS 1009 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

(Booker)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35559

## CERTIFICATE OF DEATH.

161-001 V

E 35559

1-PLACE OF DEATH

City of BALTIMORE: (No. 900 Sterling St St 10-14 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theo. Roosevelt Booker

(a) RESIDENCE NO. 900 Sterling St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | C | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day... hrs. or... min. |
|---|---|---|---|---|
| | | | | 15 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Roosevelt Vanable

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Booker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mary Booker

(Address)

15 Filed... 19... C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (About 7 mons Gestation

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) J. S. N. Wales M. D.

(Coroner)

7/10/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial 7/12/1928

20 UNDERTAKER Jos. T. E. Rochester ADDRESS 1413 Jefferson

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

7-10-1928 C. HAMPSON JONES, M. D.

Apps

Spec.—1-12-23—M&T—500 Blks.

E 35560

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

94-001 E 35560

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1430 Battery Ave (St.) 24-33 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius A. Schoebel

(a) RESIDENCE NO. 1430 Battery Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mns. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline M. Schoebel

6 DATE OF BIRTH (month, day, and year) Jan. 17 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 5 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Laker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Schoebel

(Address) 1430 Battery Ave.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1928

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 10, 1928, that I last saw him alive on July 10, 1928, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) 0 yrs. 0 mos 2 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 1 yrs. 9 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

, 19 (Address) 1314 Light St, Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 7/13 1928

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Fort

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35561

## CERTIFICATE OF DEATH

32

E 35561

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marie L Jackson

(a) RESIDENCE NO. 2443 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Jackson

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 43 | - | - | - |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) O/O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James Burley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mildred Temple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14

Informant

(Address) JOHNS HOPKINS HOSPITAL

15

Filed ____ 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to July 7, 1928,

that I last saw her alive on July 7, 1928

and that death occurred, on the date stated above, at 8 40 P m.

The CAUSE OF DEATH* was as follows:

Meningitis tbc ?

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia lobar ?

— (duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of June 14, 1928 July 3 1928

Was there an autopsy? no

What test confirmed diagnosis? Physical signs only

(Signed) William H. Welch, M. D.

, 19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn | July 11 1928 |
| 20 UNDERTAKER John H Toadvine | ADDRESS 1027 Druid Hill Ave |

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 35562

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

7-601

E 35562

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Edgewood ST. 20-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unetta F. Kahl,

(a) RESIDENCE NO. 522 Edgewood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of D. F. Kahl,

6 DATE OF BIRTH (month, day, and year) October 19, 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 8 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John George.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known.

14 Informant Miss Alice P. Kahl

(Address) 522 Edgewood St.

15 Filed JUL 11 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUL 10 28 19

17 I HEREBY CERTIFY, That I attended deceased from about a year ago, 19 to July 10, 1928, that I last saw her alive on July 10, 1928, and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs and symptoms

(Signed) L. T. Schmuck, M. D.

July 11, 1928 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL JUL 13 1928, 19

20 UNDERTAKER Geo. W. Sutter — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35563

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001

E 35563

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 214 N. Eden St 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. Washington

(a) RESIDENCE NO. 214 N. Eden St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Washington

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

10 NAME OF FATHER Thos. Washington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant Wife

(Address)

15 Filed 19 Registrar

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10-28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Cause undetermined, Probably Heat Prostration)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) (Coroner) M. D.

7/11/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Edmondson cemetery July 13 1928

20 UNDERTAKER ADDRESS

Edward Bryan Orleans St

JUL 11 1928

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35564

## CERTIFICATE OF DEATH

1947 E 35564

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S. Caroline ST. 3-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leroy Howard

(a) RESIDENCE NO. 80 S. Caroline ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | C | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Leroy Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Estelle Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Clara Howard
(Address) 30 S. Caroline St

15 Filed July 11 1928 Harry Lloyd M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9-28

17 I HEREBY CERTIFY, That I attended deceased from July 8 1928 to July 9 1928, that I last saw him alive on July 9 1928 and that death occurred, on the date stated above, at 9:00 P.M.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion
Edw Curtis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

July 10 1928 (Address) 508 [illegible] St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Asbury cemetery | July 11 1928 |
| 20 UNDERTAKER Edward Bryan | ADDRESS 1631 Orleans St |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35565

## CERTIFICATE OF DEATH.

29-001

E 35565

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John SKWIRUT

(a) RESIDENCE NO. 410 S. Washington St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23/1917

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 10 | 11 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Theodore Skwirut

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Walk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mother

(Address)

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus - Accidently shot himself inrt hand (blank cartridge) 7/4/28

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

7/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Date of Burial July 12 1928

20 UNDERTAKER F W Gazenski ADDRESS 1930 Eastern ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 17 1928 C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35566

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35566

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Ensor St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Herman

(a) RESIDENCE No. 822 Ensor St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Herman

6 DATE OF BIRTH (month, day, and year) 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Esther Herman

(Address) 822 Ensor St

15 Filed JUL 12 1928, 19

H. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 15, 19 28, to July 10, 19 28, that I last saw h[illegible] alive on July 10, 19 28, and that death occurred, on the date stated above, at 11.55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadin, M. D.

, 19 (Address) 2306 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lebanon Cem

DATE OF BURIAL 7/11 19 28

20 UNDERTAKER Jacob Lewis

ADDRESS 1439 E Lombard St

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

VELTEN

E 35567

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44E 35567

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto. Gen. Hospital (WARD) 21-29

2-FULL NAME Mrs. Annie E. Velten

(a) RESIDENCE NO. 748 McHenry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, Divorced: Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late George P. Velten

6 DATE OF BIRTH (month, day, and year): Dec 1, 1882

7 AGE: Years 45 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 037

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Caroline Loeffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records.

(Address)

15 Filed , 19 . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9th 1928

17 I HEREBY CERTIFY, That I attended deceased from May 10 , 1928, to July 9 , 1928.

that I last saw her alive on July 9 , 1928,

and that death occurred, on the date stated above, at 10.25 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilation

(duration) yrs. mos. hrs. dys.

CONTRIBUTORY (Secondary) Carcinoma of Bronchial Tubes (Infiltration) - Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 5/17/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) William McElroy, M. D.

, 19 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 7/12/1928

20 UNDERTAKER: Geo. Weber & Son — ADDRESS: 2503 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35568 E

## CERTIFICATE OF DEATH.

182 E 35568

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Fort Armstead, Hawkin's Point St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Zborowski.

(a) RESIDENCE NO. 1802 Thames St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ---------- How long in U. S., if of foreign birth? 52 yrs. ---------- ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, widowed or divorced, HUSBAND of (XXXXXXXXX) Mary Zborowski.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 56 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

14 Informant Mary Zborowski. (wife)

(Address) 1802 Thames St.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned while in swimming.
Accidental Death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Chas. F. Leonhardt M. D.
(Coroner)

7/10, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the state ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery Date of Burial 7/11 1928

20 UNDERTAKER M. F. Sadowski ADDRESS 705 S. Lime St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 11 1928 HAMPSON JONES M. D.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35569

## CERTIFICATE OF DEATH.

90 E 35569

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Cully

(a) RESIDENCE NO. Preston + Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 70 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work W.D.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Daniel Cully

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Cully

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) Little Sisters of the Poor Preston + Valley St

15 Filed ....., 19.....

J. HAMPSON JONES, M. D. Registrar

JUL 11 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928

July 10th

17

I HEREBY CERTIFY, That I attended deceased from 10 years, 19....., to ....., 19.....,

that I last saw h.. alive on July 8, 1928,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Contributory (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

July (Signed) F. A. Bowen, M. D.

10, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral 7/12/28

20 UNDERTAKER — ADDRESS

Joseph Ahrens 221 Bway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35570

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35570

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No.) 5000 Tioga Avenue ST. (WARD) 27-48

**2-FULL NAME** Mary L. Murray

(a) RESIDENCE NO. 5000 Tioga Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas H. Murray

6 DATE OF BIRTH (month, day, and year): Dec. 11, 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 5 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Havre de Grace, Maryland

PARENTS

10 NAME OF FATHER: Charles Dorman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not obtainable

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S. A.

14 Informant: Charles V. Murray

(Address): 5000 Tioga Avenue

15 Filed ....., 19 .....

THOMPSON JONES M.D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1928

17

I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 9, 1928, that I last saw h[illegible] alive on July 8, 1928 and that death occurred, on the date stated above, at 1205 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hyp. Blood Pressure
Chr. Ens Nephritis
Chr Myocarditis

(duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. W. Bishop, M. D.

, 19 (Address) 501 Shenandoah

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Havre de Grace, Md. | 7/12 19 28 |

20 UNDERTAKER: Henry U. Mears and Son

ADDRESS: 805 N. Calvert

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35571

## CERTIFICATE OF DEATH

+100-001 E 35571

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter A. McGlaman

(a) RESIDENCE NO. Montrose ave-Catonsville Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~53 yrs. 10 mos. 23~~ 8 days (If non-resident give city or town and State)

How long in U. S. if of foreign birth? – yrs.– mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Genevieve Mansfield

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1874

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 53 | 10 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Alexius V. McGlaman

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Agnes V. Gallagher

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Dr. Alexius McGlaman

(Address) 115 W. Franklin St.

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9/28 19

17 I HEREBY CERTIFY, That I attended deceased from 7/10/28, 19..., to 7/9/28, 19...,

that I last saw h~~i~~m alive on 7/9/28, 19...,

and that death occurred, on the date stated above, at 1:35 pm m.

The CAUSE OF DEATH* was as follows:

Acute Arthritis

..... (duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

..... (duration) ....yrs. ....mos. 10 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? – Date of –

Was there an autopsy? –

What test confirmed diagnosis? Clinical

(Signed) J. E. Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Cathedral Cemetery | 7/12 1928 |
| 20 UNDERTAKER Henry V. Mears & Son | ADDRESS 805 N. Calvert |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35572

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N. Monroe St. 11-25 WARD)

REGISTERED NO. 1901 E 35572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgianna Stevens

(a) RESIDENCE. No. 415 N. Monroe St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If nonresident give city or town and State)

maiden should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 1877

7 AGE — Years: 50 — Months: 7 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio.

PARENTS

10 NAME OF FATHER: Geo. Gantt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio.

12 MAIDEN NAME OF MOTHER: Julia Ann Cupp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Bettie Jane Hamilton

(Address): 415 N. Monroe St.

15 Filed JUL 11 1928 19 HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to July 8, 1928, that I last saw her alive on July 7, 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Cerebral Hemorrhage

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H. Horton, M. D.

July 9 1928 (Address) 712 S. Wolfe Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 7/11 1928

20 UNDERTAKER: Samuel Hemsley

ADDRESS: 528 N. Eutaw

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35573

## CERTIFICATE OF DEATH.

185 E 35573

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2835 Pelham Ave St. 8-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K. Blomeier

(a) RESIDENCE NO. 2836 Pelham Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Blomeier

6 DATE OF BIRTH (month, day, and year) Mar 8/1884

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 43 | 4 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Conrad Bodenbender

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret L. Marquardt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mrs. Mary L. Bodenbender

(Address) 2835 Pelham Ave

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Cardiac Failure~~ Accidently fell down cellar steps about 10 days ago & fractured Rt Tibia & Fibula

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Probably Cardiac Embolism

(Coronary) yrs. mos. ds.

(Signed) J. H. Pates M. D.

(Coroner)

7/10/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial July 12 192

20 UNDERTAKER John Ullrich ADDRESS 2108 Edmon

C. HAMPSON JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35574

## CERTIFICATE OF DEATH

100-001 E 35574

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Boyd St ST., 20-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Dorsey

(a) RESIDENCE NO. 2104 Boyd St ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| ~~Male~~ | White | widowed |

~~3a If married, widowed, or divorced~~
HUSBAND of ~~(or WIFE) of~~ Margaret Dorsey

6 DATE OF BIRTH (month, day, and year) Feb 16 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 71 | 4 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John T. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Martha Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Samuel T. Dorsey
(Address) 2104 Boyd St.

15 Filed JUL 11 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 9, 1928, that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Isaacs, M. D.

, 19 (Address) 2114 Wilkens ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 7/12/28

20 UNDERTAKER: A. B. Kippert & Bro — ADDRESS: 12 Ball St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35575

## CERTIFICATE OF DEATH.

90E 35575

1-PLACE OF DEATH

City of BALTIMORE: (No. 109 So. Carlton St. (Ward) 6-29

REGISTERED NO.

2-FULL NAME Alexander Dahl

(a) RESIDENCE NO. 109 So. Carlton St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret E. Dahl

6 DATE OF BIRTH (month, day and year): Dec 31st 1879

7 AGE: 48 Years 6 Months 8 Days — IF LESS than 1 day.....hrs. or.....min.

49 6 8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teamster

(b) General nature of industry, business, or establishment in which employed (or employer): 23

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Alex. Dahl

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto

12 MAIDEN NAME OF MOTHER: Margaret Dorsey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto

14 Informant: Charles H. Mayer

(Address): 106 So. Carlton St.

15 Filed JUL 11 1928 HAMPSON JONES, Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 8th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart— at once

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Mo. B. Horton M. D.

July 12 '28 (Coroner)

(Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. Date of Burial July 11 1928

20 UNDERTAKER: Joseph B. Cook ADDRESS 1003 N. Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35576

## CERTIFICATE OF DEATH

45 E 35576

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 22-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Eleanor Maynard

(a) RESIDENCE NO. 3010 Dakota St. Ward Resident.

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. ? mos. ? ds. How long in U. S. if of foreign birth? 50 yrs. ? mos. ? ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Maynard

6 DATE OF BIRTH (month, day, and year): August 16 1851

7 AGE: Years 77 Months 10 Days 23

IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hw 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): England

(State or country)

PARENTS

10 NAME OF FATHER: Gibbons

11 BIRTHPLACE OF FATHER (City or town): England

(State or country)

12 MAIDEN NAME OF MOTHER: E Tomell

13 BIRTHPLACE OF MOTHER (city or town): England

(State or country)

14 Informant (Address): Hospt Record

15 Filed ____, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-28 19

17 I HEREBY CERTIFY, That I attended deceased from 7-1-28 to 7-9-28 19

that I last saw h alive on 7-9-28

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Malignant Growth of Cardiac & Splenic Flexure

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) 3 mos yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-1-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Symington M. D.

19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: July 12 1928

20 UNDERTAKER: Stewart & Co. — ADDRESS: Balto.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35577 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35577

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. 1130 St., 2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blackburn Smith

(a) RESIDENCE NO. Berryville, Va. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 34 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Blackburn Smith

6 DATE OF BIRTH (month, day, and year) Dec 9th 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 7 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles H. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elza Blackburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Dr L. Jenkins (Address) 1019 St Paul St

15 Filed JUL 11 1928, 19 H. C. HAMILTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/7, 1928, to 7/11, 1928, that I last saw him alive on 7/11/28, 19, and that death occurred, on the date stated above, at 8 05/A m.

The CAUSE OF DEATH* was as follows:

Myocarditis — myocardial failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pyorrhoea, diabetes mellitus, pyorrhoea

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/8/28

Was there an autopsy? — No

What test confirmed diagnosis? — Operation

(Signed) Charles E. Hill, M. D.

7/11, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Berryville Va

DATE OF BURIAL 7-11 1928

20 UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS Orchard & McCulloh

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

215-4-12 35578

# HEALTH DEPARTMENT—CITY OF BALTIMORE

139 E 35578

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stella Spencer

(a) RESIDENCE NO. 514 N. Lee ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1899

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U. Cas —

PARENTS

10 NAME OF FATHER Henry Compton

11 BIRTHPLACE OF FATHER (city or town) D-C —
(State or country)

12 MAIDEN NAME OF MOTHER Nancy Bigler

13 BIRTHPLACE OF MOTHER (city or town) U-Cas —
(State or country)

14 Informant Deceased —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUL 11 1928 19 C. HARRISON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8-28

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 8, 1928, that I last saw her alive on July 8, 1928 and that death occurred, on the date stated above, at 10 05 P. m.

The CAUSE OF DEATH* was as follows:

Ofnation — Hysterectomy myomectomy for Myomata uteri

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 25 '28

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robt. L. Faulkner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Brooklyn N.Y. | July 11 1928 |
| 20 UNDERTAKER John H. Frazier | ADDRESS 1627 Hanover St. |

Spec.—1-12-23—M&T—500 Blks.

E 35579 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35579

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1730 Lancaster ST. 2-4 WARD)

2-FULL NAME WILLIAM C. PIERCE

(a) RESIDENCE NO. 1730 Lancaster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) ? ? 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| (61) | 64 | ? | ? | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Charles Pierce (Nephew)

(Address) 1730 Lancaster St.

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1928 to July 9, 1928, that I last saw him alive on July 8, 1928 and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Chronic

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene L. Pennington, M. D.

7.10.28, 19 (Address) 514 Druid Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: July 12, 1928

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BROADWAY & BALTIMORE ST.

C. HAMPTON JONES, M. D.

IMPORTANT—See instructions on back of certificate.

Spec. 1-10-21—M&T—1500 Blks.

E 35580

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35580

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 21 Furley ave (ST.) (WARD) 10141

REGISTERED NO. 16741

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Ceglinska (Czaluska)

(a) RESIDENCE NO. 21 Furley ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Veronika Czluska.

6 DATE OF BIRTH (month, day, and year): July 20 1872

7 AGE: Years 55 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: John Caluska

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Veronika Goldonis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Veronika Czluska.

(Address): 21. Furley ave.

15 Filed . 19 1928 G. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2 . 1928 . to July 9 . 1928.

that I last saw him alive on July 9 . 1928.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Anchmen M. D.

. 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: July 12 1928

20 UNDERTAKER: Geo. F. Ruth ADDRESS: 1735 Harford

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35581

## CERTIFICATE OF DEATH

1 29

E 35581

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1502 Marshall St. 23-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John L. Smith.

(a) RESIDENCE NO. 1502 Marshall ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male, | White, | Married. |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Smith.

6 DATE OF BIRTH (month, day, and year) May. 22, 1866.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62. | 1. | 12. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Libson, Pa.

PARENTS

10 NAME OF FATHER Frank Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Libson Pa.

12 MAIDEN NAME OF MOTHER Margaret--------.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Libson Pa.

14 Informant Frank L. Smith, (Son). (Address) 1502 Marshall St.

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 1 19 28 to July 10 19 28 that I last saw h alive on July 9 1928 and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Schwenk, M. D.

19 (Address) 1337 St. Charles Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill Cem. | July 13 1928 |
| 20 UNDERTAKER | ADDRESS |
| A. Kaad Evans | 38 E. Fort Ave |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35582

## CERTIFICATE OF DEATH.

161-66 E 35582

1-PLACE OF DEATH Dr. White's Hospital

CITY OF BALTIMORE: (No. 1029 Madison Avenue ST. 17-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Privott

(a) RESIDENCE NO. 1206 Argyle Avenue ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Baby

6 DATE OF BIRTH (month, day, and year): July 10, 1928

7 AGE — Years — Months — Days — If LESS than 1 day, 2 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of indnstry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Leroy Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Oneida Privott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant .....
(Address) .....

15 Filed ....., 19 ..... Per ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h... alive on ....., 19..... and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

2 hours
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Premature & Breach Pr...

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. White, M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL ..... 19

20 UNDERTAKER .....

ADDRESS .....

JUL 11 192

UNIVERSITY OF MARYLAND

Commissioner Health

Asst. Wm. E. Woodall

JUL 11 1928 2616

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35583

# HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 35583

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Alfred Harvey St. 5-8 Ward)

2-FULL NAME 638 Greenmount Ave

(a) RESIDENCE NO. 638 Greenmount Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 65 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod. Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): Const.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ....., 19.... HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

Sudden (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) H. J. Kelly, M. D.

(Coroner)

July 8, 1928 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1928 6615 RKP

UNIVERSITY OF MARYLAND JUL 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35584

66 E 35584

## CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 Bevan St. St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eli Petcu.

(a) RESIDENCE NO. 916 Bevan St. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 22 yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) February 22, 1877.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 51 | 4 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Marcovet, Austria.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S. D.

(Address)

Filed 1 1928 H. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. M. Pennaco M. D.
(Coroner)

7/3, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND Date of Burial: JUL 11 1928

20 UNDERTAKER: Commissioner Health. ADDRESS

Reg. Wm. E. Morgan

Of Death in plain terms, as that it may be of certificate. very important. See instructions on back of

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35585

## CERTIFICATE OF DEATH.

182 E 35585

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of Warren Ave. St. 21-31 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Williams.(C)

(a) RESIDENCE NO. 848 S. Eutaw St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | Colored | Do not know. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | --------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Passer.

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed JUL 10 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a platform.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.
(Coroner)

7/3 , 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner of Health

Per Wm. E. Woodall

Cor. of death in plain terms, so that it may be very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
JUL 11 1928
THE MORGUE

Cor.—12-9-25—A Co.—200 Bks.

E 35586

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35586

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Good Pier 4 St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 30 about | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 19

C. HAMPSON JONES, M. D.
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned

accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

July 8, 1928 (Signed) H. J. Pitts, M. D. (Coroner)

(Address) 1659 Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

Date of Burial 19

20 UNDERTAKER

ADDRESS

Commissioner of Health,

1928

Pub. Wm. E. Rodgers

OF DEATH in plain terms, so that it may be properly classified. Fill every item. Be very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35587

## CERTIFICATE OF DEATH.

194 E 35587

1-PLACE OF DEATH Bald Copper Works

City of BALTIMORE: (No. S. Clinton St. 1-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ignacy Polek

(a) RESIDENCE NO. 2219 Chapland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalie Polek

6 DATE OF BIRTH (month, day, and year) 1845

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 43 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer Bald Copper Co

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Ignacy Polek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Marya Rusierowa

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Rosalie Polek

(Address) 2219 Chapland St

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

Per .....

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Sud. Heat Exhaustion

(duration) ..... yrs. Sudden ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno M Fenlon M. D.

(Coroner)

7/11, 1928 (Address) 702 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery Date of Burial July 14 1928

20 UNDERTAKER George A. Weber ADDRESS 2205 Bank St

OF DEATH is plain, legible, and free from erasures. Every question must be answered. Space marked * is very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Blks.

21415588 14 & C

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

32 E 35588

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruth Paulsen

(a) RESIDENCE NO. 717 Park Ave - ST., WARD Rockford - Ill

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marvin Paulsen

6 DATE OF BIRTH (month, day, and year) Aug 30 1896

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 10 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ill -

PARENTS

10 NAME OF FATHER Frank Linder Borgard

11 BIRTHPLACE OF FATHER (city or town) Ill - (State or country)

12 MAIDEN NAME OF MOTHER Nellie Kenney

13 BIRTHPLACE OF MOTHER (city or town) Conn - (State or country)

14 Informant Records -

(Address) JOHNS HOPKINS HOSPITAL.

15 Filed 11 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11-28

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to July 11, 1928, that I last saw her alive on July 11, 1928, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculoma of brain

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of July 11, 1928

Was there an autopsy? Yes autopsy

What test confirmed diagnosis?

(Signed) I. Ridgeway Smith M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Rockford, Ills | July 11 1928 |
| 20 UNDERTAKER | ADDRESS |
| John C. Mitchell & Sons | 1900 Eutaw Pl |

Spec.–7-17-26—A Co.—200 Bks.

E 35589

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 35589

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 325 Wash. Ave, Borough or Ward) 25-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Kirchner

(a) RESIDENCE NO. 325 Wash Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Kirchner

6 DATE OF BIRTH (month, day, and year): September 9 1856

7 AGE — Years: 69 Months: 10 Days: 0 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Chesapeake City

(State or country): Md

PARENTS

10 NAME OF FATHER: John Kirchner

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: John A. Kirchner

(Address): 325 Wash Ave

C. HAMPSON JONES, M. D.

15 Filed ..... 19 ..... Registrar

1923 Par

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1928 to July 9 1928

that I last saw him alive on July 6 1928

and that death occurred, on the date stated above, at 6.30 A. M.

The CAUSE OF DEATH* was as follows: Cardiac Arteriosclerosis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. F. Hartman M. D.

7/10. 1928 (Address) 14 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C. G. Co. Date of Burial: July 12 1928

20 UNDERTAKER: Margaret E. Flynn ADDRESS: 1422 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35590

## CERTIFICATE OF DEATH.

135 E 35590

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument & So St. 15-65 Ward)

2-FULL NAME Jacob Lauer

(a) RESIDENCE NO. 16 Talbot Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosabella Lauer

6 DATE OF BIRTH (month, day, and year) Jany. 5, 1850

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 78 | 6 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Louis Lauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Sara Bamberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria

14 Informant Mrs. S. Hollander (Address) 16 Talbot Road.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to July 11, 1928, that I last saw him alive on July 11, 1928, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

Acute dilatation of Stomach

Terminal Pneumonia

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Benign Prostatic hypertrophy

(duration) 4 yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? Yes Date of June 21, 1928

Was there an autopsy? No Date of July 9, 1928

What test confirmed diagnosis? Operation & clinical course

(Signed) Benj. Klotz, M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Har Sinai Cem. Date of Burial 7/13/1928.

20 UNDERTAKER David Sondheim ADDRESS 118-20 W. Mt. Royal Ave

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35591

## CERTIFICATE OF DEATH.

179E 35591

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 25-32 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Bird

(a) RESIDENCE NO. 3 Cedar Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Emma Bird.

6 DATE OF BIRTH (month, day, and year) Dec. 2, 1903.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 24 | 7 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Empire Ellicott Construction Co.

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William H. Bird

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Susie Henrickle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Susie Purper

(Address) 3 Cedar Ave., Westport.

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns- Second and Third Degree of body.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Edgar Gilbert, M. D. (Coroner)

7/11 1928. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial 7/13/ 1928.

20 UNDERTAKER William Cook. ADDRESS 502 E. North Ave.,

OF DEATH in plain terms, so that it may be properly understood. very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Kehoe

E 35592

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35592

## CERTIFICATE OF DEATH.

117

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp ST. (or WARD)

2-FULL NAME Edward A. Kehoe

(a) RESIDENCE No. 442 N. Linwood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Kehoe

6 DATE OF BIRTH (month, day, and year): Sept 20, 1880

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | 9 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balt Sun

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Edward Kehoe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Catherine Kehoe

(Address): 442 N Linwood Ave

15 Filed JUL 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/11 1928

17 I HEREBY CERTIFY, That I attended deceased from July 9 . 19 28 . to July 11 . 19 28 .

that I last saw him alive on July 11 . 19 28 .

and that death occurred, on the date stated above, at 5 12 p.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

Ruptured

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Toxemia from Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 7/9/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Medigan W. Chance, M. D.

, 19 (Address) Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 7/14 1928

20 UNDERTAKER: J. M. Cook

ADDRESS: 307 E Madison

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Hkm.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35593

## CERTIFICATE OF DEATH.

194

35593

1-PLACE OF DEATH

27-56

City of BALTIMORE: (No. Johns Hopkins Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V. Kellogg

(a) RESIDENCE NO. 3337 W. Woodland Ave., Arlington Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theo. B Kellogg

6 DATE OF BIRTH (month, day, and year): Dec 3/1865

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 62 | 7 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry Neale

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto., Md.

14 Informant: Husband

(Address)

15 Filed ..... 19 .....

Per .....

C. HAMPSON JONES, M. D. Registrar

1 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 July 9/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Heat Stroke

Cerebral Accident. (Autopsy-Hopk

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Williams M. D.

(Coroner)

7/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial 7/13 19 28

20 UNDERTAKER: [illegible] ADDRESS 502 E. North Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35594 E 35594

## CERTIFICATE OF DEATH.

107-003

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 1-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred A Shipley

(a) RESIDENCE NO. 62 S Lakewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Tina Shipley

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind. Balto

PARENTS

10 NAME OF FATHER: John Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Ind

12 MAIDEN NAME OF MOTHER: Katherine Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: BALTIMORE CITY HOSPITALS (Address)

15 Filed 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/11 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/9, 1928, to 7/11, 1928, that I last saw him alive on 7/11, 1928, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Abscess of Lung; Sepsis Intractable;

Influenza (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. M. Hoch, M. D.

7/11, 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: 7/12 1928

20 UNDERTAKER: Wm A Cook — ADDRESS: 507 E Madison

HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 35595

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35595

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3001 Walcott Ave., ST., 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Sentman Lamberd

(a) RESIDENCE NO. 3001 Walcott Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Walker Lamberd

6 DATE OF BIRTH (month, day, and year) Sept 17 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 9 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Windsor Md

PARENTS

10 NAME OF FATHER Isaac Lamberd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elmira Shriner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Leah W. Lamberd

(Address) 3001 Walcott ave

15 Filed 1 1928, 19 Registrar C. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1928

17

I HEREBY CERTIFY, That I attended deceased from January 17th. 28 to July 9th. 1928,

that I last saw him alive on July 9th. 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 3 Yrs.

Chronic Endocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw O. Muehlhausen M. D.

(Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Ridge Cem | July 11 1928 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| Jno O Muddell Sons | 1900 Eutaw Pl |

Spec.—1-12-23—M&T—500 Blks.

E 35596

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35596

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 S Durham St. 2-4 ST. WARD)

2-FULL NAME George Krysztafiak

(a) RESIDENCE NO. 323 S Durham St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14

Informant Mary Kopera

(Address) 323 S Durham St.

15

Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1928

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 10, 1928, that I last saw him alive on July 10, 1928 and that death occurred, on the date stated above, at 11 a. m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. , mos ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. L. Valentine, M. D.

(Address) 14 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary July

DATE OF BURIAL 13 1928

20 UNDERTAKER John M Weber

ADDRESS 401 S Chester St

Cor.—12-9-25—A Co.—200 Bks.

E 35597

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

29-E 35597

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 3-5 Ward)

2-FULL NAME Anthony ~~Marotti~~

(a) RESIDENCE NO. 214 E. Pratt St St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 25/16

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 12 | 3 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Student

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Anthony Marotti

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Zucca

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Father

(Address)

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus- accidently shot himself with pistol July 4/28

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Weems M. D.

(Coroner)

7/11/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial July 12 1928

20 UNDERTAKER Frank V Pikestone ADDRESS 2515 E Balto St

very important. See instructions on back of certificate.

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35598

## CERTIFICATE OF DEATH.

E 35598

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2815 Walbrook Ave. Ward 15-68)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude E. Sharp.

(a) RESIDENCE NO. 2815 Walbrook Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry P. Sharp.

6 DATE OF BIRTH (month, day and year): May 23-1873

7 AGE: Years 55 Months 1 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Alexandria Va

(State or country)

PARENTS

10 NAME OF FATHER: Joe Stansbury

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country) Virginia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town): unknown

(State or country)

14 Informant: T. H. Sharp

(Address) 6 Roland Ave

Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Smith, M. D. (Coroner)

July 10-1928 (Address) Wolfe Bros & Devries

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial July 19 28

20 UNDERTAKER: Wm. E. Tuckner Sons ADDRESS N. & Pa.

JUL 12 1928 C. HAMPSON JONES, M. D.

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35599 E/35599

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST. 1224 (WARD)

2-FULL NAME Emma Teagle or Tackle

(a) RESIDENCE No. 1324 D. Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: BALTIMORE CITY HOSPITALS [redacted]

(Address) Reeves

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-10 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-3, 1928, to 7-10, 1928, that I last saw h[illegible] alive on 7-10, 1928 and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam -

(Signed) C. [illegible] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leamont Cem

DATE OF BURIAL: 7/12 28

UNDERTAKER: David Carton

ADDRESS 916 Pa ave

HOW IS VERY important that this blank be filled out with the utmost care for the information it will supply when transferred to the Permanent Records of the Department.

C. HARRISON JONES, M.

Spec.—1-12-23—M&T—500 Bks.

Alice Carroll.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35600

BALTIMORE CITY HOSPITALS

## CERTIFICATE OF DEATH.

47

E 35600

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 14-20 ST., WARD)

2-FULL NAME Alice Carroll

(a) RESIDENCE NO. 644 Lund ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Black | ? |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day.. hrs or min. |
|---|---|---|---|---|
| | 39 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER William Taylor

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Gemps ?

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

BALTIMORE CITY HOSPITALS

14 Informant

(Address)

15 Filed ..., 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 14. 1926, to 7/6 1926,

that I last saw h[illegible] alive on 7/6 1926

and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Generalized Arteriosclerosis

Contributory

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible], M. D.

7/10, 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 7/10/1926

20 UNDERTAKER David Easton ADDRESS 916 Ba Ave

Cor.—12-9-25—A Co.—200 Bks.

E 35601

# HEALTH DEPARTMENT—CITY OF BALTIMORE

29-004 E 35601

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 11-24 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. Hal Waddy

(a) RESIDENCE NO. 1026 McCullough St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15/1924

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 4 | 5 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Ernst Waddy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lancaster Co., Va.

12 MAIDEN NAME OF MOTHER Louise White

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lancaster Co., Md.

14 Informant Father

(Address)

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus- Fire Cracker accidentally exploded while he held same.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Walker M. D.

(Coroner)

19 (Address) 7/11/25 500 E. Northlive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 7-12 1928

20 UNDERTAKER David Easton & Co ADDRESS 916

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35602

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 ✓ E 35602

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 908 W Lanvale (St.) 17-23 (Ward)

2-FULL NAME James L. Young

(a) RESIDENCE NO. 908 W Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah B. Young

6 DATE OF BIRTH (month, day, and year) Nov. 5, 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 8 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Edith ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sarah B Young

(Address) 908 W Lanvale St

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to July 10, 1928, that I last saw h[illegible] alive on July 10, 1928, and that death occurred, on the date stated above, at 7:20 P m

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonis

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cavalry Cemetery

DATE OF BURIAL 7/13/ 1928

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 322 W Lanvale St

OCT 12 1928 C. HAMPTON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35603 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35603

31

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 W. West St. ST. 21-31 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Steinberg

(a) RESIDENCE No. 516 West West St. ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec 31-1913

7 AGE — Years: 14 | Months: 6 | Days: 11 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Abraham ~~Saul~~ Steinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Pearl Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

PARENTS

14 Informant: Pearl Steinberg
(Address): 516 W. West St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to July 11, 1928, that I last saw h... alive on July 11, 1928, and that death occurred, on the date stated above, at 4:45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Pulmonary Hemorrhage
Tuberculosis

(duration) 1 mo. mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nathan Weiss, M. D.

July 12, 1928 (Address) 2157 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Harmony Cem — DATE OF BURIAL: July 13 1928

20 UNDERTAKER: Jack Lear — ADDRESS: 1439 E Balt St

FILED JUL 12 1928 HARRY JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks. E 35604

215-642 E 35606

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35604

101-001

E 35604

## CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Brown

(a) RESIDENCE NO. 117 Greenmount ST., Ave WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-10-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 3 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Wilson J. Brown

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Rothwell

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14 Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... C. HAMPSON JONES, M. D.
7/12/28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 28

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to July 11, 1928, that I last saw her alive on July 11, 1928 and that death occurred, on the date stated above, at 8 12 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, left lower

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Secondary Anaemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Examination

(Signed) L. C. Gogolwin, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer. | July 13 1928 |
| 20 UNDERTAKER | ADDRESS |
| Geo. M. Frick Co. | 811 N Wolfe |

Cor.—12-8-25—A Co.—200 Bks.

E 35605

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35605

## CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 501 Penna Ave St. 17-7th Ward)

2-FULL NAME Mollie R. Stengel

(a) RESIDENCE NO. 501 Penna Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Stengel

6 DATE OF BIRTH (month, day, and year): Aug 1-1863-

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 64 | 11 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Homemaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Frank Knipmeyer

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Annie Marriott

(Address) 501 Penna Ave

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. C. Leith M. D.

(Coroner) July 11-1928

(Address) 1017 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dale Cemetery — Date of Burial: July 13 1928

20 UNDERTAKER: Robt J Snyder Jr — ADDRESS: 742 W Baltimore

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E35606

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35606

17-24

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Collier

(a) RESIDENCE NO. 1342 Argyle Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Collier

6 DATE OF BIRTH (month, day, and year) Apr 1891

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 37 | 3 | ? | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Metropolitan Theatre

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Winchester, Md.

PARENTS

10 NAME OF FATHER Frank Collier

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Dora Carr

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Wife

(Address)

15 Filed _____, 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Arteriosclerosis

(Autopsy at Hopkins)

Duration ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

Duration ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Collins M. D.

(Coroner)

7/12/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Loudon Park Cem July 10 28

20 UNDERTAKER Samuel Wemsley

ADDRESS W. Baltimore St

very important. See instructions on back of certificate.

JUL 12 1928 HAMPSON JONES M

Spec.—1-12-33—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35607

## CERTIFICATE OF DEATH.

38 E 35607

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Hollins St ST., 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenox Francis Orrell.

(a) RESIDENCE No. 1004 Hollins St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 18th 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, 6 hrs. or min. |
|---|---|---|---|---|
| | — | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Lenox F. Orrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Catherine Mc Evoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mr Lenox F. Orrell

(Address) 1004 Hollins St

15 Filed 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 11, 1928, that I last saw him alive on July 11, 1928, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Umbilical Hemorrhage 1 hr.

CONTRIBUTORY (Secondary) Luetic ? ? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Thos. Ironton, M. D.

(Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Union Park Cemetery | July 12, 1928 |

20 UNDERTAKER J. J. Cowan & Son ADDRESS 901 Hollins St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35608

## CERTIFICATE OF DEATH.

90 E 35608

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1633 E. North Ave (ST.) (WARD) 8-17

2-FULL NAME John J. Duff.

(a) RESIDENCE NO. 1633 E. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-6-1853

7 AGE: Years 74 | Months 8 | Days 3 | If LESS than 1 day ~~hrs~~ or ~~min~~

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of industry, business, or establishment in which employed (or employer): Balto & Ohio S.B. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James W. Duff.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant T. T. Jenkins (Address) 1633 E. North Ave

15 Filed JUL 12 1928 H. M. JONES, M. D. Registrar RMC

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9- 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan-11- 1928, to July 9- 1928, that I last saw him alive on July 9- 1928 and that death occurred, on the date stated above, at 9-00 P m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NV Date of

Was there an autopsy? NV

What test confirmed diagnosis? none

(Signed) E. Gill Hall, M. D.

July 11, 1928 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 7/13/28

20 UNDERTAKER: George J. Rath Geo. — ADDRESS: 1735 Hoff

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35609

## CERTIFICATE OF DEATH.

1852

REGISTERED NO. E 35609

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp. St. 26-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine France

(a) RESIDENCE 606 S. 5th E St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred France

6 DATE OF BIRTH (month, day, and year): July 1 1902

7 AGE: Years 26 Months 0 Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Ernest Stokes

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER: Catherine Eck

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Md

14 Informant: Alfred France

(Address) 606 S. 5th E St.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (secondary) Separation of Pubes

Fell on cot (duration) ..... yrs. 4 mos. 25 ds.

(Signed) F. C. Kolb, M. D.

(Coroner) July 12 1928 (Address) North Ave & Division St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial 7/13 1928

20 UNDERTAKER: William Cook ADDRESS 502 E North

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35610 — 57 E 35610

1—PLACE OF DEATH — REGISTERED NO. 16-67

CITY OF BALTIMORE; (No. 2910 Riggs Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary L Jones

(a) RESIDENCE NO. 2910 Riggs Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laurence E Jones

6 DATE OF BIRTH (month, day, and year): July 7 1851

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 0 | 3 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Charles Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Laurence E Jones

(Address): 2910 Riggs Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 10. 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1925, to July 10, 1928

that I last saw h[illegible] alive on July 9, 1928

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

July 19 28 (Address) 2735 Monte

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 7/13 1928

20 UNDERTAKER: " Cook

ADDRESS: 502 E North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Krumech. 1907 Edmondson Ave

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35611

## CERTIFICATE OF DEATH

103 E 35611

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Edmondson Ave ST., 16-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza S McDevitt

(a) RESIDENCE NO. 1531 Edmondson Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: John McDevitt

6 DATE OF BIRTH (month, day, and year): Aug 16, 1837

7 AGE: Years 90; Months 10; Days 25; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): NNN

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Holbrook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: W. B. Holbrook

(Address) 802 N. Fulton St

15 Filed JUL 12 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2nd, 19 28, to July 11, 19 28, that I last saw h[illegible] alive on July 11 - , 19 28, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia.

CONTRIBUTORY (Secondary) (duration) 9 days yrs. mos. ds.

Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. B. Krumech M. D.

7/12 19 (Address) 1907 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Mount

DATE OF BURIAL: 7/14 1928

20 UNDERTAKER: W. M. Cook

ADDRESS 508 E North Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35612

## CERTIFICATE OF DEATH.

45 E 35612

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 E. 37th St. ST., 9-47 WARD)

2-FULL NAME Laura E. Maher

(a) RESIDENCE NO. 601 E. 37th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Richard Maher

6 DATE OF BIRTH (month, day, and year) Feb. 23, 1868.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 4 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John T. McDonnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. F. G. Weber, (Address) 601 E. 37th St.

15 Filed JUL 12 1928, 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1927, to July 10, 1928, that I last saw h[illegible] alive on July 9, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Rectum

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Malnutrition

(Duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Fitch M. D.

July 13 1928 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 13/28

20 UNDERTAKER Terry F. Witzke

ADDRESS 53 N. Lombard St

Spec.–7-17-26—A Co.—200 Bks.

E 35613

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46

E 35613

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 769 W Redwood St. (Ward) 4-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Emily Evans

(a) RESIDENCE NO. 769 W. Redwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph A Evans

6 DATE OF BIRTH (month, day, and year): June 25. 1860

7 AGE — Years: 68 Months: Days: 16 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Chase

(State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: John Rollins

11 BIRTHPLACE OF FATHER (City or town): Chase

(State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Co. Md

14 Informant: Mattie Hamilton

(Address): 3501 Haywood

15 Filed JUL 12 1928 19 C. PEARSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11. 1928 19

17 I HEREBY CERTIFY, That I attended deceased from April 27 19 28 to July 11 19 28

that I last saw h alive on July 9 19 28

and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Carcinoma Liver

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Signs

(Signed) Jas T. Trooper, M. D.

7.11. 19 28 (Address) 962 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ebenezer Mem. Chase Balto Co Md — Date of Burial: July 14 1928

20 UNDERTAKER: Wm J. Chartrell — ADDRESS 5315 Reisterstown Road.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35614

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 35614

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (ST.) 7-41 (WARD)

2-FULL NAME William Enders.

(a) RESIDENCE NO. 3101 Rosemont Ave (ST.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of [redacted] of anna. W. Enders

6 DATE OF BIRTH (month, day, and year) Jan 19/81

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 47 | 5 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railway. Balt. md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Henry Enders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hosp Records.

15 Filed JUL 12 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to July 10, 1928, that I last saw him alive on July 10, 1928, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation with Anasarca

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore.

DATE OF BURIAL 7/13 1928

20 UNDERTAKER Pentz Henry

ADDRESS 2016 Orleans

CHAMBERS JONES, M. D.

Spec.--1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35615

## CERTIFICATE OF DEATH.

3 | E 35615

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N. Pat. Pk. Ave ST.) 6-10 (WARD)

2-FULL NAME Mamie Zink

(a) RESIDENCE No. 430 N. Pat. Pk. Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Lf yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Rudolph Hitroth

6 DATE OF BIRTH (month, day, and year) Jan 23/82

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 5 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Charles Hitroth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Rudolph Zink

(Address) 430 N. Pat Pk. Av

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1928

17

I HEREBY CERTIFY, That I attended deceased from January 1927 to July 11 1928.

that I last saw h~~er~~ alive on July 11 1928

and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

both Lungs.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray & Sputum

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London PK

DATE OF BURIAL 7/14 1928

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35616

## CERTIFICATE OF DEATH.

100-001

E 35616

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Borkowski

(a) RESIDENCE NO. Stennis Run St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25 1927.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 11 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Infant.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. md.

(State or country)

PARENTS

10 NAME OF FATHER Walter Borkowski

11 BIRTHPLACE OF FATHER (city or town) Balto. md

(State or country)

12 MAIDEN NAME OF MOTHER Josephine Grzeck.

13 BIRTHPLACE OF MOTHER (city or town) Balto. md

(State or country)

14 Informant Walter Borkowski

(Address) Stennis Run Md.

15 Filed Dec 6 1928 Deep Creek ave. [illegible] M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/8, 1928, to 7/11, 1928, that I last saw h.. alive on 7/10, 1928, and that death occurred, on the date stated above, at 6:55 P m.

The CAUSE OF DEATH* was as follows:

1. Bilateral Bronchopneumonia
2. Pneumococcus Septicemia
3. Bilateral Otitis media

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture positive

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. Date of Burial July 13 1928.

20 UNDERTAKER ADDRESS

George A. Welker 2205 Bank st

Very Important. See Instructions on Back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

Hance Hope.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35617

## CERTIFICATE OF DEATH.

E 35617

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE: (No. ..... ST., 17-23 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hance Hope

(a) RESIDENCE No. 1302 Ingraham (Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.

Hyattsville Md.
(If non-resident give city or town and State)

How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Isaac Hope

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant BALTIMORE CITY HOSPITALS [redacted]
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/17, 1928, to 7/11, 1928, that I last saw h— alive on 7/11, 1928, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows: Generalized Peritonitis following Abscess of Pancreas

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 7/10/28

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical and Pathological

(Signed) H. M. Mech, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 7/12/28

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

Spec.—1-12-23—M&T—500 Bks.

E 35618

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1924 E 35618

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N. Eutaw ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Brown

(a) RESIDENCE NO. 1037 N. Eutaw St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Brown

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 43 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Public

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant Daisy Brown (Address) 1037 N. Eutaw St.

15 Filed 7-12 1924 C. HAMPSON JONES, M. D. Registrar RKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11th 1924

17 I HEREBY CERTIFY, That I attended deceased from June 18th 1924 to July 10th 1924 that I last saw him alive on July 10th 1924 and that death occurred, on the date stated above, at 7 30 A.M.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pul. Tuberculosis

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 524 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chairer Florida — DATE OF BURIAL 7/12 1924

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35619

## CERTIFICATE OF DEATH.

38 E 35619

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Westport Dump. St. 25-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Martin.

(a) RESIDENCE NO. Westport Dump. St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White. | Married. |

5a If married, XXXXXXXXXXXXX HUSBAND of XXXXXXXXX Bessie Martin.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 42 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Iowa.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

inquiry find that said deceased came to his death

(Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of an Aortic Aneurism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

7/3, 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY Date of Burial 19

20 UNDERTAKER (Commissioner of Health, ADDRESS

JUL 12 1928

1928 C. HAMPSON JONES, M. D.

THE MORGUE

Cor.—12-9-25—A Co.—200 Bks.

E 35620

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35620

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 915 S Ann St. 2-4 Ward)

2-FULL NAME William B. Turner

(a) RESIDENCE NO. 915 S. Ann St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Sept 23 1881

| 7 AGE | Years 46 | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 47 | 9 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saloon 08

(b) General nature of industry, business, or establishment in which employed (or employer) merchant bar

(c) Name of employer unknown

9 BIRTHPLACE (city or town) _____

(State or country) Quebec

PARENTS

10 NAME OF FATHER John Turner

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Quebec

12 MAIDEN NAME OF MOTHER Anne McPherson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Vermont

14 Informant Anne Turner

(Address) Providence R.I.

15 Filed _____ 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h___ death on the day stated above.

The CAUSE OF DEATH was as follows:

Chronic Prostatitis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Jones M Hampson M. D.

(Coroner)

7/12 1928 (Address) 7001 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence R I Date of Burial 7/13 1928

20 UNDERTAKER E P Barton ADDRESS Elkton Md

Very Important. See instructions on back of certificate.

JONES M. HAMPSON M. D. 1928

Spec.—1-10-21—M&T—1500 Bks.

E 35621

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35621

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3633 Philadelphia Ave ST. 26-39 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dante Flabbi

(a) RESIDENCE NO. 3633 Philadelphia ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 24 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Providencia Flabbia

6 DATE OF BIRTH (month, day, and year) Aug 15 1881

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 10 | 25 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of Industry, business, or establishment in which employed (or employer) Plastering

(c) Name of employer San Pistoria

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Antonio Flabbi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Romeo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Providencia Flabbi

(Address) 3633 Philadelphia ave

15 Filed JUL 12 1926, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 7 to July 10, 1926

that I last saw him alive on July 10, 1926

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theo Fendig M. D.

(Address) 1321 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL July 13 1926

20 UNDERTAKER Frank V. Pikeltone ADDRESS 2814 E. Balto st

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35622

## CERTIFICATE OF DEATH

131 E 35622

1-PLACE OF DEATH Maryland General Hosp REGISTERED NO.

City of BALTIMORE: (No. Howard + Madison St. 20-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reyburn B. Bradshaw, Jr.

(a) RESIDENCE NO. 2546 W Balto St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Mal | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 14, 1908

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 19 | 7 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Maryland

PARENTS

10 NAME OF FATHER Reyburn Bradshaw

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

JUL 12 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to July 11, 1928, that I last saw h[illegible] alive on July 11, 1928, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pyelitis.

Septicaemia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY
(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) H. E. Kaufmann, M. D.

7/11, 1928 (Address) Maryland Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial July 13 19 28

UNDERTAKER Joseph B. Cook

ADDRESS 1059 West Baltimore St

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35623

## CERTIFICATE OF DEATH.

167 E 35623

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 N. Longwood St., 16th Ward)

2-FULL NAME Mary E McKay

(a) RESIDENCE NO. 511 N. Longwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 19th 1865

7 AGE: Years 63 Months 4 Days 6 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto

PARENTS

10 NAME OF FATHER: Joe Mahrer

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto

12 MAIDEN NAME OF MOTHER: Mary O'Neill

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto

14 Informant: Jos L Mahrer

(Address): 1406 E Clayton Rear

15 Filed 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide — Inhaling Illuminating Gas (duration) a few moments

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

July 2 1928 (Signed) Thos B. Horton M. D. (Coroner)

(Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

Date of Burial: 7-18 1928

20 UNDERTAKER: H. Brannigan Bro. Poplar Grove St

ADDRESS 1136

Very Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35624

## CERTIFICATE OF DEATH.

101-001
101 E 35624

1-PLACE OF DEATH

City of BALTIMORE: (No. 1410 N. Pamah St. 15-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt Murdock Jr

(a) RESIDENCE NO. 1410 N. Pamah St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): July 4th 1928

7 AGE: Years Months Days: 8

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Robt Murdock Sr

11 BIRTHPLACE OF FATHER (city or town): Carroll Co

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mamie Green

13 BIRTHPLACE OF MOTHER (city or town): Atlanta

(State or country): Ga.

14 Informant: Robt Murdock

(Address): 1410 N. Pamah St

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

1928

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Lucks M. D.

(Coroner)

(Address) 10th Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery. Date of Burial: July 12 1928

20 UNDERTAKER: Thomas E. Kelsan

ADDRESS: 303 Presstman St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35625

E 35625

## CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 14-20 WARD)

2-FULL NAME Elijah Buckley

(a) RESIDENCE NO. 22 Druid Hill ..... ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE Black.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE Years 80 Months ..... Days ..... If LESS than 1 day, hrs. ..... or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant ..... (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed ..... 19 ..... Registrar

JUL 13 1928 C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/27/28, 19 ..... to 7/11, 1928,

that I last saw h[illegible] alive on 7/11, 1928

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Senile debility

Contributory (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ..... yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. M. Black M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL July 14 19 28

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

Cor.—12-9-25—A Co—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35626

## CERTIFICATE OF DEATH.

148 ✓

E 35626

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital 27-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret V. Pritchett

(a) RESIDENCE NO. 37 Hooper Ave Mt Washington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. A. Pritchett

6 DATE OF BIRTH (month, day, and year) Jan 1, 1904

| 7 AGE | Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 24 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Wash., D.C.

PARENTS

10 NAME OF FATHER Harry W. Decker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Wash., D.C.

12 MAIDEN NAME OF MOTHER Gertrude H. Thompson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Wash., D.C.

14 Informant Husband

(Address)

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ante-partum Eclampsia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis of Pregnancy

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. Watkins, M. D.

(Coroner)

7/12/28 (Address) 518 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial July 14 19 28

20 UNDERTAKER Chesnutt & Chestnut ADDRESS 1409

HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35627

## CERTIFICATE OF DEATH.

90 E 35627

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 13-54 St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie L Stiller

(a) RESIDENCE NO. 3707 Keswick Road WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Wh

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard L Stiller

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 50 Months Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt. Md.

PARENTS

10 NAME OF FATHER: Wm Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Stella Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant [redacted] (Address) BALTIMORE CITY HOSPITALS

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/11 1928

17

I HEREBY CERTIFY, That I attended deceased from 5/14, 1928, to 7/11, 1928, that I last saw h[illegible] alive on 7/11, 1928 and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial failure

Chr. Myocarditis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 6/6/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) [redacted] M. D.

7/11, 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hunt Valley — DATE OF BURIAL: July 14 1928

20 UNDERTAKER: Ehrmantraut & Son — ADDRESS: 2307 Eastern Ave

Spec.—1-12-23—M&T—500 Bks.

E 35628 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35628

CERTIFICATE OF DEATH. 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1628 E. Oliver ST. 8-17 WARD)

2-FULL NAME Frank Carter

(a) RESIDENCE NO. 1628 E Oliver ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura V. Carter

6 DATE OF BIRTH (month, day, and year) April 16 1856

7 AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|
| 72 | 2 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joshua Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Swindell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Elmer Carter (Address) 1628 E Oliver

15 Filed 7/13 1928 HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-10 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/10, 1928, to 7/10, 1928 that I last saw him alive on 7-10, 1928 and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Ruff, M. D.

7/10 1928 (Address) 1500 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL July 14 1928

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

Cor.—12-9-25—A Co—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35629 — 188-003 — E 35629

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No.) Union Memorial Hospital St. (or) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Cavanaugh

(a) RESIDENCE NO. 829 Belgian ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 10 mos. 11 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 30 1923.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 4 | 10 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Phillip.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Drury

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant J. Cavanaugh

(Address) 829 Belgian

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Internal Injuries Auto accident

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

(duration) ...yrs. ...mos. ...ds.

(Signed) John J. Morrissey M. D. (Coroner)

7/12, 1928 (Address) 532 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial 7/14 1928

20 UNDERTAKER J. J. Moran ADDRESS 3000 E. Balto

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35630

## CERTIFICATE OF DEATH.

129 E 35630

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital WARD) 15-16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Enten

(a) RESIDENCE NO. 1607 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Enten

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel Finkelstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Finkelstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Frank Enten (Address) 1607 Maryland Ave

15 Filed JUL 13 1928 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1928

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to July 12, 1928, that I last saw her alive on July 12, 1928, and that death occurred, on the date stated above, at 5 20 P. m

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

(duration) yrs. 5 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schreiber, M. D.

(Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Olivet Cemetery | July 13 1928 |

20 UNDERTAKER Jack Lewis ADDRESS 1095 Balto

Loc.—2-29-28—L. F. S.—500 Bks.

E 35631

# HEALTH DEPARTMENT—CITY OF BALTIMORE

10-004 E 35631

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital 7-11 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred Dudrow

(a) RESIDENCE NO. 3025 Monument ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (Write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) June 19, 1920

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | 11 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Wm Dudrow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Marie Lindsay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Wm Dudrow

(Address) 3025 Monument St

15 Filed JY 13 1928, 19 HAMILTON JONES M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1928, to July 11, 1928, that I last saw her alive on July 11, 1928 and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Laryngeal Diphtheria

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical appearance. Culture

(Signed) Myron G. Tull, M. D.

7/12, 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: July 14 1928

20 UNDERTAKER: John Ulrich

ADDRESS: Orleans

Cor.—12-9-25—A Co.—200 Bks.

E 35632

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

160 E 35632

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3845 Falls Rd. St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace A Brice

(a) RESIDENCE NO. 3845 Falls Rd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | White | Infant. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13/1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 1 | 29. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto city

(State or country) Md.

PARENTS

10 NAME OF FATHER Wesley E Brice

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Edith Morrow.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Wesley E. Brice

(Address) 3845 Falls Rd

15 Filed July 14, 1925 C. HAMPSON LOWE, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/12 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison M. D.

(Coroner)

7/12/1925 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Marys Cem Humphreys July 13/1925

20 UNDERTAKER ADDRESS

J Walter Davis 3307 Paine St

Spec.—2-29-28—L. F. S.—500 Bks.

E 35633

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

89 E 35633

1—PLACE OF DEATH 1419.

REGISTERED NO.

CITY OF BALTIMORE: (No. 1419 orleans ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stevens Evones

(a) RESIDENCE NO. 1413 orleans ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | C | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1860

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md. D

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. D

14 Informant Harry Evans
(Address) 1413 orleans

15 Filed ... 19 ... Registrar

1 5 1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10/28

17 I HEREBY CERTIFY, That I attended deceased from 7-3 — 1928 to 7-10 1928

that I last saw ~~him~~ alive on 7/10 — 1928

and that death occurred, on the date stated above, at 11:50 P.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis and Angina Pectoris with High Blood Pressure.

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Bright's Disease & Uremia T.H.B.P.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) James R. Wade, M. D.

7/12/28 (Address) 924 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| asbury cemetery | July 14 1928 |
| 20 UNDERTAKER | ADDRESS |
| Edward Bryan | 1691 orleans st |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35634

## CERTIFICATE OF DEATH.

31 E 35634

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N Carlton St. 5-9 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Angelo B Scott

(a) RESIDENCE NO. 8 N Carlton ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Scott

6 DATE OF BIRTH (month, day, and year) April 12-1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 3 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jacksonville Fla

PARENTS

10 NAME OF FATHER no

11 BIRTHPLACE OF FATHER (city or town) no
(State or country)

12 MAIDEN NAME OF MOTHER Clara Scott

13 BIRTHPLACE OF MOTHER (city or town) Fla
(State or country)

14 Informant Margaret Scott (wife)
(Address) 8 N Carlton St

15 Filed JUL 13 1928, 19 C. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1928

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1928, to July 12, 1928,
that I last saw him alive on July 11, 1928,
and that death occurred, on the date stated above, at 2:20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

Acute Pneumonia Patient

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Acute Pneumonia Patient

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard Sachs, M. D.

, 19 (Address) 38 S Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem — DATE OF BURIAL July 15 1928

20 UNDERTAKER Robt G Wilson — ADDRESS 15 15 McElderry St

Cor.—12-9-25—A Co.—200 Bks.

Boyles

35635

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

18-083 E 35635

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 12-19 Ward)

2-FULL NAME Mrs. Nettie M. Boyles

(a) RESIDENCE NO. Earl Courts St. Ward Preston

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Boyles

6 DATE OF BIRTH (month, day, and year) March 30-1867

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 61 | 3 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. F. Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Tenn.

12 MAIDEN NAME OF MOTHER Sarah A Link

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ky.

14 Informant Dr. Wilbur L. Smith (Nephew)

(Address) The Ontario - Wash. D. C.

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of right knee.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Augustus Gilbert M. D.

(Coroner)

7/12, 1928 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Charles & Preston Sts.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

20 UNDERTAKER ADDRESS

Redgrave Washington & Lee July 13 1928

Redgrave & Son Mon

Spec.—1-12-23—M&T—500 Bks.

Millie Davis

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35636 ✓ 194 E 35636

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 N. Carrollton St. 11-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Millie Davis

(a) RESIDENCE NO. 1101 Carrollton ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Davis

6 DATE OF BIRTH (month, day, and year) Unknown 78

7 AGE — Years: 57 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Paul Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emily Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Susan Nicholson (Address) 1104 Carrollton ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 11th 1923

17 I HEREBY CERTIFY, That I attended deceased from June 20th, 19 22, to January 11th, 1923, that I last saw h— alive on January 10th, 1923, and that death occurred, on the date stated above, at 7:14 a. m.

The CAUSE OF DEATH* was as follows:

Heart Trouble

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary): Influenza 7 days

Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 924 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Remains shipped W. Va.

DATE OF BURIAL: July 1, 19 —

20 UNDERTAKER: Jno. F. Chase Inc.

ADDRESS: ... Madison

Cor.—12-9-25—A Co.—200 Bks.

E 35637

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35637

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4105 Norfolk Ave (Street) 5-15 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selma Rosenbloom

(a) RESIDENCE NO. 4105 Norfolk Ave. (Usual place of abode) Ward

Length of residence in city or town where death occurred 29 yrs. 2 mos. 12 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hyman Rosenbloom

6 DATE OF BIRTH (month, day, and year): May 1-1899

7 AGE: Years 29 Months 2 Days 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Isaac A Levin

11 BIRTHPLACE OF FATHER (city or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Kay Godman

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant: Hyman Rosenbloom

(Address) 4105 Norfolk.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES

JUL 13 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find (that said deceased came to death as a result of autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (found in bath tub)

(duration) yrs. mos. ds.

(Signed) F. B. Lusk M. D.

(Coroner)

19 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave Date of Burial 7-15-1928

20 UNDERTAKER: Jack Lewis ADDRESS 1434 E Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

E 35638 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 35638

## CERTIFICATE OF DEATH.

170

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Lucha Hotel St. 4-6 Ward)

2-FULL NAME Patrick C. Dorsey

(a) RESIDENCE NO. Lucha Hotel St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Anna Dorsey nee Nester

6 DATE OF BIRTH (month, day, and year) June 8. 1865

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 63 | 1 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor Behelper

(b) General nature of industry, business, or establishment in which employed (or employer) Steel works

(c) Name of employer Sparrows Pt.

9 BIRTHPLACE (city or town) _____

(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick J. Dorsey

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Crow

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ireland

14 Informant Catherine Jemmings

(Address) 2845 Lynn St

15 Filed _____, 19 _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gun shot wound in brain

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Sudden

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) M. T. Riley M. D.

(Coroner)

July 13, 19 28 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Peters Cemetery July 13 1928

20 UNDERTAKER Edward W. Conklin ADDRESS 842 E. Eager

Spec.—1-10-21—M&T—1500 Bks.

E 35639

# HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

## CERTIFICATE OF DEATH.

57 E 35639

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 917 Argyle ST. 17-24 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Johnson

(a) RESIDENCE NO. 917 Argyle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | Col | Widow |

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Thos. Johnson

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|---|
| | 78 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Cook + Laundress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Hart Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Bertha Chase

(Address) 714 Argyle Ave

15 Filed ....., 19 ..... Registrar

THOMPSON JONES, M. D.

JUL 13 1925

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1925

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1924 to July 11 1925.

that I last saw h[er] alive on July 10, 1925

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Chas Whitney M. D.

(Address) 706 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL 7/14/ 1925

20 UNDERTAKER Eugene Payne — ADDRESS 570 W. Fulton St.

Spec.—1-12-23—M&T—500 Bks.

E 35640

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35640

1-PLACE OF DEATH West Baltimore General 194

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 15-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rosalind Dawson.

(a) RESIDENCE NO. 2117 Clifton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER James F. Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mayo Md.

12 MAIDEN NAME OF MOTHER Rosalind Fiore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cincinnati Ohio

14 Informant (Address) James F. Dawson 2117 Clifton Ave.

15 Filed 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1928 to July 10, 1928, that I last saw her alive on July 10, 1928, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Sunstroke.

9 hours. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastro-Intestinal Upset

Same. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schenker, M. D.

19 (Address) West Balto General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakwood Cemetery DATE OF BURIAL 7/13 1928

20 UNDERTAKER Frank D. Newell ADDRESS Catonsville Md.

1928 HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35641 E 35641

## CERTIFICATE OF DEATH.

29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 12-51 Ward)

2-FULL NAME Mary Lou Sedman or Redman

(a) RESIDENCE NO. 2432 Eastern St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | ~~Divorced~~ Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888 ?

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 ? | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Robert E. McGuire

(Address) 1820-9th St Washington

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12-28 192

I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun shot wound left index finger self inflicted. accidental

3-days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Adams

July 12-28 (duration) yrs. mos. ds.

(Signed) W J Reilly (Coroner), M. D.

, 19 28 (Address) 1609 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 3-days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C. Date of Burial 7/13/1928

20 UNDERTAKER Robert E. McGuire ADDRESS 1820-9th St. N.W. Washington

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35642

## CERTIFICATE OF DEATH.

43 E 35642

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4238 Frederick Ave (Street) (WARD)

2-FULL NAME Albert H Dogge

(a) RESIDENCE NO. 4238 Frederick Ave (Usual place of abode) WARD .....

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie C Dogge

6b DATE OF BIRTH (month, day, and year): Oct 1 1851

7 AGE — Years: 76 | Months: 9 | Days: 1 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk at

(b) General nature of industry, business, or establishment in which employed (or employer): Military store

(c) Name of employer: Lonas

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Carl Dogge

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Mr Albert H Dogge Jr

(Address): Glenburnie Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 2, 1928, that I last saw him alive on July 2, 1928, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchness, M. D.

, 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 14 1928

20 UNDERTAKER: John A. Denny — ADDRESS: 715 Lex

Spec.—1-12-23—M&T—300 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

F 35643

74-001

74 F 35643

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Montford Ave. ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane Evans

(a) RESIDENCE NO. 1711 N. Montford Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred T50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert C. Evans

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) House-wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Havre-de Grace Md.

PARENTS

10 NAME OF FATHER Henry Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Clara Miller

(Address) 1711 Montford Ave.

15 Filed 19 Registrar

13 1928 H. HAMPTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1927, to July 12, 1928,

that I last saw her alive on July 12, 1928

and that death occurred, on the date stated above, at 1 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos One ds.

CONTRIBUTORY (Secondary) Arteria sclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. H. Macdonald, M. D.

July 13, 1928 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre-de Grace Md. Via Enter

DATE OF BURIAL July 17 1928

20 UNDERTAKER John F. Denny

ADDRESS 765 Eighth

Spec.—1-10-21—M&T—1500 Blks.

E 35644

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35644

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4103 Ridgewood Ave ST. 15-66 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine M. Isaacs

(a) RESIDENCE NO. 4103 Ridgewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Turner W. Isaac

6 DATE OF BIRTH (month, day, and year) July 30, 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 11 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Wm. Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Katherine Mc. Intre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. Turner W. Isaac

(Address) 4103 Ridgewood Road

15 Filed JUL 12 1928, 19 ..... Registrar

C. EARPSON JOHNSON, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to July 12, 1928, that I last saw her alive on July 12, 1928, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

7/13/1928 (Signed) Bruce S. Grant, M. D.

(Address) 707 Cathedral Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Woodlawn Cemy. July 14, 1928

20 UNDERTAKER — ADDRESS

Edw. C. Mitchell & Sons 1900 Eutaw Pl.

Spec.—1-10-21—M&T—1500 Blks.

E 35645

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

4+E 35645

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Fulton ave ST. 16-22 WARD)

2-FULL NAME Belva B Blake

(a) RESIDENCE NO. 709 N. Fulton ave ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 20 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 6 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Auto Com.

(c) Name of employer Auto Commission

9 BIRTHPLACE (city or town) Blakes
(State or country) Virginia

PARENTS

10 NAME OF FATHER Robert H Blake

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Frances Hudgins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Mrs Robert Blake
(Address) 709 N. Fulton ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
3 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1927, to July 12, 1928, that I last saw her alive on July 11, 1928, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Metastatic carcinoma of liver

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Carcinoma rt breast (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of about 3 yrs ago

Was there an autopsy? No

What test confirmed diagnosis? Phys + Lab

(Signed) Wm C Stifler, M. D.

7/13, 1928 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL July 14 28

20 UNDERTAKER Wm J Pickner Sons ADDRESS Norfolk Va

Spec.–7-17-26—A Co.—200 Bks.

E 35646

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35646

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO.

City of BALTIMORE: (No. Howard + Madison St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lupton Berryman

(a) RESIDENCE NO. Reisterstown rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 - 1858

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 72 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer Reisterstown

9 BIRTHPLACE (city or town) Reisterstown

(State or country) Maryland

PARENTS

10 NAME OF FATHER Harry Berryman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Quigley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hosp Record

(Address)

15 Filed ____, 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/11, 1928, to 7/13, 1928

that I last saw h. alive on July 13, 1928

and that death occurred, on the date stated above, at 9 45 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes

Diabetic Gangrene Rt Leg

Chronic Nephritis (Uremia)

(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Chronic Diffuse Nephritis with Uremia

(duration) 2 yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of 6/15/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) H. R. Rumpf M. D.

7/13, 1928 (Address) Maryland Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Reisterstown M E Cemetery | July 15 1928 |

20 UNDERTAKER ADDRESS

Wm Berryman Reisterstown rd

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35647

## CERTIFICATE OF DEATH.

X 45

E 35647

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-30 WARD)

2-FULL NAME Bernie Jones

(a) RESIDENCE NO. Rend Allstown, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph C. Jones

7 DATE OF BIRTH (month, day and year) ? 1881

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Brandenburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant University Hospital (Address)

15 Filed 28, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 13, 1928, that I last saw h alive on July 13, 1928, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of transverse Colon

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 6, 1928

Was there an autopsy? Partial

What test confirmed diagnosis?

(Signed) E. E. Linde, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cemetery | July 15 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm. F. Son Inc | Sykesville Md |

Spec.—1-12-23—M&T—500 Bks.

E 35648

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35648

## CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] 12-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Smith

(a) RESIDENCE No. 819 Penna ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6b DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C

PARENTS

10 NAME OF FATHER Gaston

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Agnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant BALTIMORE CITY HOSPITALS

(Address) Reno [redacted]

15 Filed JUL 13 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 8 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-2, 1928, to 7-8, 1928, that I last saw h[illegible] alive on 7-8, 1928 and that death occurred, on the date stated above, at 11.05 A m.

The CAUSE OF DEATH* was as follows:

Rupture of Aneurysm of Aorta,

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis Broncho Pneumonia, Bronchial Asthma (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & X Ray

(Signed) C. Holmes Ousley, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — DATE OF BURIAL: JUL 12 1928

20 UNDERTAKER: [illegible] ADDRESS

C. HAMPSON JONES, M. D.

Commissioner Health.

Dec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35649

## CERTIFICATE OF DEATH.

38 E 35649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. S. Marine Hospital Baltimore, Md. (ST.) 18-26 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hayman

(a) RESIDENCE NO. 1055 W. Fairmount Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | single |

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Mar. 4, 1885

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 4 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer

BIRTHPLACE (city or town) Salisbury, (State or country) Maryland

PARENTS

10 NAME OF FATHER William Leonard

11 BIRTHPLACE OF FATHER (city or town) Salisbury (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Washington

13 BIRTHPLACE OF MOTHER (city or town) Salisbury (State or country) Maryland

14 Informant Records, U.S.Marine Hospital (Address) Baltimore, Md.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1928

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to July 11, 1928, that I last saw him alive on July 11, 1928, and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilis, tertiary (duration) several years ds.

18 Where was disease contracted if not at place of death? On board ship

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical and laboratory findings

(Signed) Houston J. Fisher, M. D.

7/12 1928 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL July 14, 1928.

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 125 E. North ave.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35650

## CERTIFICATE OF DEATH.

20 VE 35650

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 26-37 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zygmont Stryszewski

(a) RESIDENCE NO. 607 S. 18th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 19/1877

7 AGE: Years 5-1 Months 3 Days 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Balto Copper Works
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Poland

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Poland

12 MAIDEN NAME OF MOTHER: unko

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Poland

14 Informant: M Stryszewski
(Address) 607 S 18th St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11 '28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries. Crushed between piece of iron and post. Accidental

..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Paralyzed Ileus

..... (duration) ..... yrs. ..... mos. ..... ds.

July 13 (Signed) W. J. Riley, M. D.
, 19 28 (Address) 40 S. 9 Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Date of Burial July 14 1928

20 UNDERTAKER: F W [redacted] ADDRESS 1930 Eastern Ave

ec.—2-29-28—L. F. S.—500 Bks.

E 35651

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35651

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

ITY OF BALTIMORE: (No.) 534 S. Decker Ave. (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Vance

(a) RESIDENCE NO. 534 S Decker Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

EX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: William Vance

DATE OF BIRTH (month, day, and year): May 1862

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66. | 1 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Nash N.C.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown N.C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nash N.C.

Informant: John O. Brightson

(Address): 534 S. Decker ave.

Filed JUL 13 1928, 19 HAMPSON JONES M.D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12-1928

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to July 12, 1928

that I last saw h[illegible] alive on July 12, 1928

and that death occurred, on the date stated above, at 1045 A m.

The CAUSE OF DEATH* was as follows:

Cystitis interstitis acute

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

7/13, 1928 (Address) 1014 S. Edmond Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemet — DATE OF BURIAL: July 14 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 532 E North Ave

ec.—2-29-28—L. F. S.—500 Bks.

14 E. Read St

E 35652

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Magnes

E 35652

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 27-46

CITY OF BALTIMORE: (No. 204 Edgecroft Rd ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr Karl Klaesius

(a) RESIDENCE NO. 204 Edgecroft Rd ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W. | Married |

If married, widowed or divorced HUSBAND of (or) WIFE of Emilia Klaesius

DATE OF BIRTH (month, day, and year) Jan 4, 1854

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 6 | 8 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doctor Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Medicine

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Germany.

10 NAME OF FATHER Martin Klaesius

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Wilhelmine Koehler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Emelia Klaesius

(Address) 204 Edgecroft Rd

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12. 1928

17 I HEREBY CERTIFY, That I attended deceased from June 22 19 28, to July 12 19 28,

that I last saw h[illegible] alive on July 11 19 28

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (age) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas H Magnes M. D.

19 (Address) 14 E. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 7/14 1928

20 UNDERTAKER W. J. Cook

ADDRESS 222 E Fayette

pec.—1-12-23—M&T—500 Blks.

35653

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

27 E 35653

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 East 30th ST. 9-46 WARD)

2-FULL NAME HENRIETTA M. CRAWFORD

(a) RESIDENCE NO. 1626 East 30th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Crawford

DATE OF BIRTH (month, day, and year) May 22, 1859

| AGE | Years | Months | Days | If LESS than 1 day, hrs or ..... min |
|---|---|---|---|---|
| | 69 | 1 | 20 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Cross

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ellen Dennis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. John E. Crawford (Son)
(Address) 1626 E. 30th St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to July 12, 1928, that I last saw her alive on July 12, 1928 and that death occurred, on the date stated above, at 8.50 p. m.

The CAUSE OF DEATH* was as follows:

Insanity

Insanity, could not make Extended (duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: July 14, 1928

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE ST. & BROADWAY.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35654

## CERTIFICATE OF DEATH.

E 35654

REGISTERED NO. 159-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 114 N. Milton ave. St. 6-10 Ward)

2-FULL NAME Joan Caswell

(a) RESIDENCE NO. 114 N. Milton ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12 28

7 AGE: Years | Months | Days: 1 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm. Caswell

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Bohmenberg

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Mrs Wm. Caswell

(Address) 114 N. Milton ave.

15 Filed ..... 19 .....

HAMPSON JONES, M.D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-13-28 19

17 I HEREBY CERTIFY, That I attended deceased from 7-12-28, 19.., to 7-13-28, 19..

that I last saw h.. alive on 7-13-28

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Fatal Coma

Fracture Skull

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. 1 ..... ds.

18 Where was disease contracted if not at place of death? Accident

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wm. Reed Dunbar M.D.

19 (Address) 800 North Ave

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: July 14 1928

20 UNDERTAKER: Jos. J. Kerr — ADDRESS: 1564 Luzerne

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35655

## CERTIFICATE OF DEATH.

1928 E 35655

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., [redacted] Ward)

2-FULL NAME Maria Reynolds

(a) RESIDENCE NO. 1137 Jenkins St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | Negro | married |

3a If married, widowed, or divorced (or) WIFE of John Reynolds

6 DATE OF BIRTH (month, day, and year) 1904

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| 24 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Alexander Richards

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Anna Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Jane Richardson

(Address) 1370 N Gilmore

15 Filed ..... 19 ..... Registrar

1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns about body, legs & arms - (hot water) Homicide

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 3 ds.

(Signed) Miguel Teller M. D. (Coroner)

7/12, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ..... mos., 4 ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial July 14 1928

20 UNDERTAKER John T. Chase Sons ADDRESS 1400 Madison

Spec.—1-10-21—M&T—1500 Bks.

E 35656

# HEALTH DEPARTMENT—CITY OF BALTIMORE

J 35656

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 Patapsco Ave (ST.) 25-15 (WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Ward

(a) RESIDENCE NO. 525 Patapsco Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph T. Ward

6 DATE OF BIRTH (month, day, and year) Oct. 5-1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 5 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER William Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Sallie Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Joseph T. Ward (Address) 525 Patapsco Ave.

15 Filed 4 1928 H. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11— 1928

17

I HEREBY CERTIFY, That I attended deceased from May 30, 1928, to July 11— 1928,

that I last saw her alive on 7/10— 1928,

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Hiss Davis M. D.

(Address) 1340 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millersville Md. DATE OF BURIAL July 14 1928

20 UNDERTAKER George L. Schwab ADDRESS 701 Fulton Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 35657

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35657

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST. 20-69 WARD)

REGISTERED NO. 160

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James P. Hansel (Hansel)

(a) RESIDENCE NO. 2650 Frederick ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): March 10 1928

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Hansel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Reidhauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hosp. Records. (Address)

15 Filed 4 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-1-28, 19 . to 7-13-28, 19 ,

that I last saw h, alive on 7-13-28, 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Hansel, M. D.

July 13 1928 (Address) St. Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: July 14 1928

20 UNDERTAKER: Henry Hoech Sons — ADDRESS: 1301 E Eager St

...c.—2-29-28—L. F. S.—500 Bks.

E 35658

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 35658

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1051 N. Central Ave ST., 10th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eleanora M. Mueller

(a) RESIDENCE NO. 1051 N. Central Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov. 26 1892

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 7 | 16 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Adam. P. Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Theresa L. Bernecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mr. Adam. P. Mueller

(Address) 1051 N Central Ave

Filed ..., 19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1928

17 I HEREBY CERTIFY That I attended deceased from May 11, 1928, to July 12, 1928, that I last saw h[illegible] alive on July 12, 1928 and that death occurred, on the date stated above, at 9.50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Uremia - Edema of lungs (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schmit, M. D.

7/12 1928 (Address) 701 N. Fenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL July 16 1928

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35659

## CERTIFICATE OF DEATH.

5-K 24-001 E 35659

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 5-K Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatrice Dimaria

(a) RESIDENCE NO. 917 Low St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9/1919

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 8 | 10 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Agatius Dimaria

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Marziano

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Father

(Address) 917 Low St

15 Filed ....., 19..... C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus (Shooting cracker exploded while held in hand July 3/28)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Jos. J. Sullivan M. D.

(Coroner)

7/14/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 7/14 1928

20 UNDERTAKER George J. Ruth ADDRESS 1735 Hanford Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35660 | CERTIFICATE OF DEATH. | 1928 E 35660

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at Hopkins Hospital St. 21-37 Ward

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Earl DeVaughn

(a) RESIDENCE NO. 107 S. Third St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18/20

7 AGE: Years 7 | Months 10 | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John E. DeVaughn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Ellen Gilmore

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Father

(Address) 107 S. Third St

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

1328

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned-accidental

Nr Lazerretto Light, foot of Chesto...

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Reese, M. D. (Coroner)

7/14/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Date of Burial: July 6th 1928

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS: 403 S. Wolfe St.

Spec.—7-17-26—A Co.—200 Bks.

35661

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35661

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St. 16-37 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Strohminger STROHMINGER.

(a) RESIDENCE NO. 3723 Fernwood St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? 63 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19 1864

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 64 | 3 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Carl Strohminger

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catter Gentner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Henry A. Strohminger

(Address) 3723 Fernwood Ave

15 Filed 19 C. HAMPSON JONES M. D. Registrar

4 1928 By

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/12/28 19

17 I HEREBY CERTIFY, That I attended deceased from 7/7/28, 19..., to 7/12/28, 19...,

that I last saw him alive on 7/12/28, 19...,

and that death occurred, on the date stated above, at 9.08 P.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Broncho Pneumania

(duration) yrs. mos. 6 ds.

18 Where was disease contracted

if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? Clinical

(Signed) J. S. Linstead M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — Date of Burial July 16th 1928

20 UNDERTAKER Lilly & Gaither Inc. — ADDRESS 4028 Harford

...c.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35662

90 E 35662

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 21-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1122 W Hamburg ST. 21 WARD)

2—FULL NAME John Joseph Minnick

(a) RESIDENCE NO. 1122 W Hamburg ST., 21 WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, ~~Married, Widowed,~~ or Divorced, (write the word) |
|---|---|---|
| Male | White | Divorced |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 27, 1886

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 42 | 5 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER George W. Minnick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Curran

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

Informant Ellen Minnick
(Address) 1122 Hamburg St

Filed ..., 19 C. HAMPSON JONES, M. D.
4 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12-1928

17 I HEREBY CERTIFY, That I attended deceased from July 6 1928, to July 12, 1928, that I last saw h— alive on July 12, 1928 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) [illegible], M. D.

7/13 19 28 (Address) 617 Fawn St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | July 16 1928 |
| 20 UNDERTAKER George J Smith | ADDRESS 1532 Hollins |

c.—2-29-28—L. F. S.—500 Blks.

1527 35663

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 129 E 35663

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Harris

(a) RESIDENCE NO. 796 W. Franklin St. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of James Harris

ATE OF BIRTH (month, day, and year) 2-14-01

| GE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 27 | 4 | 29 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va—

10 NAME OF FATHER Hezekiah (Rich) Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va—

12 MAIDEN NAME OF MOTHER Priscilla Hyes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va—

Informant Records—

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13-28

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1928 to July 13, 1928.

that I last saw h.e.r alive on July 13, 1928

and that death occurred, on the date stated above, at 2:45 p. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Arteriosclerosis
Myocardial Insufficiency
Cerebral Apoplexy Stroke in 1920.

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Path. Renal Cells -

(Signed) James Bradley M. D.

7-13, 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF ~~BURIAL, CREMATION~~ OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lancaster. Va | July 15 1928 |
| 20 UNDERTAKER Wm J. Tickner Sons | ADDRESS N. & Pa |

rec.—1-12-23—M&T—500 Bks.

E 35664

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35664

## CERTIFICATE OF DEATH.

1929

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Forest ST., 24-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Stevens

(a) RESIDENCE NO. 1460 Battery ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Stevens

6 DATE OF BIRTH (month, day, and year) Sept. 14th, 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 61 | 62 | 9 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Funeral Director

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Henry E. Kirkwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Grill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Kirkwood O'Neill (Address) 1106 Forest St.

15 Filed ..., 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11th, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to July 11, 1928, that I last saw her alive on July 11, 1928, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) ... yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis Interstitial Nephritis (duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Streett M. D.

7/13, 1928 (Address) 445 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 7/14 1928

20 UNDERTAKER C. J. Fanning & Son - 1928

ADDRESS E. Lafayette Ave.

c.—2-29-28—L. F. S.—500 Bks.

1488 2 E 35665

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 90 E 35665

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14 WARD)

2—FULL NAME Lucy J. Peters

(a) RESIDENCE NO. Elgin - Texas ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| emale | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 5-6-56

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 72 | 2 | 8 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer) 0?

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Texas -

10 NAME OF FATHER E- R- Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga -

12 MAIDEN NAME OF MOTHER Mary Hutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga -

Informant Francis Maynard Peters

(Address) JOHNS HOPKINS HOSPITAL Elgin Tex

Filed July 16, 1928 Registrar

C. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14-28

17

I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to July 14, 1928, that I last saw her alive on July 14, 1928 and that death occurred, on the date stated above, at 6:50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

Chronic Myocarditis

Myocardial Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general laboratory

(Signed) R. Hoopen Smith, M. D.

July 14 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elgin Texas — DATE OF BURIAL July 16 1928

20 UNDERTAKER Southall & Sons — ADDRESS 1700 Eutaw Place

Spec.—1-10-21—M&T—1500 Bks.

35666 HEALTH DEPARTMENT—CITY OF BALTIMORE 35666

CERTIFICATE OF DEATH. X 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. ST. 70-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daisy May Corbin

(a) RESIDENCE NO. Macon, Georgia ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. Corbin

6 DATE OF BIRTH (month, day, and year) March 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | - | - | - |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Macon Ga.

PARENTS

10 NAME OF FATHER Wm. A. Jeter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Susan Fardler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Robert E. Corbin

(Address) Macon, Georgia

15 Filed . 19 Registrar

A 1428

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-31 . 1928 . to 7-14 . 1928.

that I last saw her alive on 7-14 . 1928

and that death occurred, on the date stated above, at 12 45 a m.

THE CAUSE OF DEATH* was as follows:

Carcinoma Head of Pancreas

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma Head Pancreas.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 7-10 28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. C Boaz M. D.

. 19 (Address) 2003 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Macon, Georgia — DATE OF BURIAL July 14 1928

20 UNDERTAKER John A. Mitchell & Sons — ADDRESS 1900 Eutaw Place

...c.—2-29-28—L. F. S.—500 Bks.

H 35667 — 1475

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 35667

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 3-5 WARD)

2—FULL NAME Salvatore Semilio

(a) RESIDENCE NO. 1029 Watson St ST., WARD

(Usual place of abode)

...ngth of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| ...EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Child |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

...ATE OF BIRTH (month, day, and year) Feb 7, 1915

| ...GE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 13 yrs | 5 | 6 | |

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

...IRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Antonio Semilio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Marciano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Record

(Address) JOHNS HOPKINS HOSPITAL

Filed 1 4 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to July 13, 1928, that I last saw h...(M) alive on July 13, 1928 and that death occurred, on the date stated above, at 7.9 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure
Chronic rheumatic endocarditis & myocarditis
Mitral and aortic Insufficiency. Pericarditis

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) E. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | July 16 1928 |
| 20 UNDERTAKER Frank V. Pistone | ADDRESS 2816 E. Biddle St |

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35668 — 100 — 1001 — E 35668

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Fleet St. ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Tronczkowich

(a) RESIDENCE. No. 1525 Fleet St. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10-1928

7 AGE — Years: — Months: 1 — Days: 4 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Infant.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Joseph Tronczkowich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Wanda Tryck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Joseph Tronczkowich.
(Address) 1525 Fleet St.

15 Filed JUL 14 1928. 19 — HAMPSON JONES, M. D. — Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 — 14 — 1928

17 I HEREBY CERTIFY, That I attended deceased from July 13th, 1928, to July 14th, 1928, that I last saw h[illegible] alive on ..., 19 28, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho — Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Schirmer, M. D.

7-14, 1928 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem — DATE OF BURIAL: July 14 19

20 UNDERTAKER: George W. Niles — ADDRESS: 2205 Bank St.

Spec.—1-12-23—M&T—500 Bks.

E 35669

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35669

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. ..... ST. 1543 WARD)

REGISTERED NO. 161-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Hannemann

(a) RESIDENCE No. 400 Fremont Ave ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | child |

a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

DATE OF BIRTH (month, day, and year) July 13 1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| infant | — | — | 2 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

8 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Carl Reinhart Hannemann

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Virginia Lee Gaskill

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Carl Reinhart Hannemann
(Address) Same

15 Filed ..... 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1928

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to July 14, 1928, that I last saw him alive on July 14, 1928, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Long hard dry labor

(duration) over 24 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) atelectasis

(duration) yrs. mos. ds.

18 Where was disease cntracted if not at place of death? —

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carle P. Clemson, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL July 17 1928

20 UNDERTAKER Stewart & Mowen Co. — ADDRESS 1081 W. North Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35670 E 35670

## CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Mc Elderry ST., 1-10 WARD)

2-FULL NAME Olivia Hammond

(a) RESIDENCE NO. 2208 Mc Elderry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Amos Hammond

6 DATE OF BIRTH (month, day, and year): mo. day? 1878

7 AGE — Years: 50 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Caroline Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Albert Hammond (son) 2208 Mc Elderry St.

15 1-14 1928 [illegible] Thompson Jones, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1928 to July 13 1928 that I last saw her alive on July 12 1928 and that death occurred, on the date stated above, at 12.15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis.

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency and Stenosis Sclerosis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. H. Gourley M. D.

7/14 1928 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet cemetery

DATE OF BURIAL: July 16 1928

20 UNDERTAKER: Edward Bryan

ADDRESS: 1630 Orleans

...c.—2-29-28—L. F. S.—500 Bks.

E 35671

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35671

## CERTIFICATE OF DEATH

91-093

1—PLACE OF DEATH

REGISTERED NO. 2RP53

...ITY OF BALTIMORE: (No. 320 Hawthorne Road (Street) 2RP (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nannie Dunnington Clarke

(a) RESIDENCE NO. 320 Hawthorne Road, RP WARD
(Usual place of abode) (If non-resident give city or town and State)

...ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| ...EX | 4 COLOR OR RACE | 5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) |
|---|---|---|
| ...emale | White | Widow |

If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Late Addison Clarke

...ATE OF BIRTH (month, day, and year) January 30 1849

| ...GE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 79 | 5 | 14 | |

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

...IRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER N. A. Dunnington

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sallie Pine Keener

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

Informant Dr S. R Clarke

(Address) 1 St Johns Road Roland Park

Filed ..., 19... [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1928

17

I HEREBY CERTIFY, That I attended deceased from about Jan, 1923, to July 14, 1928, that I last saw her alive on July 13, 1928 and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Senility - high blood pressure + arteriosclerosis (duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Dr Denham R Clarke, M. D.

7/14, 1928 (Address) 1, St. Johns Road - Roland Park Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount Cem | July 16 1928 |
| 20 UNDERTAKER HENRY W. JENKINS & SONS CO. | ADDRESS Cathedral 740 E. Fayette St |

Cor.—12-9-25—A Co.—200 Bks.

E 35672

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-09 35672

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benesh Rosenstein

(a) RESIDENCE NO. 19 S. Exeter St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Rosenstein

6 DATE OF BIRTH (month, day, and year) Unkown 1854

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of Indastry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russaia

PARENTS

10 NAME OF FATHER Kopel Rosenstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bailey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St.

15 Filed 7/15 1925 HAMPDEN JONES, M. D. Registrar

RKK

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13th 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Autopsy)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collins M. D.

(Coroner)

7/14/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Northern Ave. Date of Burial 6-15 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35673

## CERTIFICATE OF DEATH.

188-103 E 35673

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 6-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline V. Coombs

(a) RESIDENCE NO. 2233 E Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Coombs

6 DATE OF BIRTH (month, day, and year) Oct 4 1851

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 76 | 9 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto City

PARENTS

10 NAME OF FATHER Bond

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Caroline Co Va

14 Informant James Coombs

(Address) 2233 E Biddle

15 Filed ..... 19 H. A. BOILEAU, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture R Leg both bones Auto. Accident in Att

(duration) ..... yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) ..... yrs. 1 mos. 5 ds.

(Signed) James M. Preston M. D. (Coroner)

7/14 1928 (Address) York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2233 E Biddle

Former or usual residence 1 " "

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial July 16 1928

20 UNDERTAKER Mc Q Junior & Conway Pro — ADDRESS 3610 Spring Ave

Spec.—1-10-21—M&T—1500 Blks.

Eva Johnson

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35674

## CERTIFICATE OF DEATH.

31 JE 35674

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1065 Lexington ST. 11-21 (WARD)

2-FULL NAME Eva Johnson

(a) RESIDENCE No. 1065 W. Lexington ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Aug 2 1910

7 AGE — Years: 17 — Months: 10 — Days: 21 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Boston

PARENTS

10 NAME OF FATHER: Joseph Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Boston.

12 MAIDEN NAME OF MOTHER: Florence Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Boston

14 Informant: Joseph Johnson
(Address) 1065 W Lexington St

15 Filed ..... 19..... C. HAMPTON JONES, M. D. Registrar

By .....

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11 1928

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 11, 1928.

That I last saw h[illegible] alive on July 11, 1928

and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam.

(Signed) Louis E. Magruder, M. D.

7-13-1928 (Address) 1706 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: July 15 1928

20 UNDERTAKER: Mrs Kate R Williams — ADDRESS 322 N. Schroeder St

Spec- 12-23-21—E.B.R.S.—400 Blks.

E 35675 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35675

## CERTIFICATE OF DEATH.

129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1530 E 28 St St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Schmidt

(a) Residence No. 1530 E 28 St St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE, | 5-Single, Married, Widowed, or Divorced, (Write the word.) |
|---|---|---|
| Male. | White | Married |

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annah. Schmidt

6-DATE OF BIRTH (month, day and year) July 1, 1850

7-AGE. 78 yrs. 0 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

11- (Informant) Annah Schmidt

(Address) 1530 E 28 St

15- Filed JUL 15 1928 By C. HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 14 1928

17- I HEREBY CERTIFY, That I attended deceased from July 7 19 28 to July 14 19 28

that I last saw h.. alive on July 13 19 28

and that death occurred, on the date stated above, at 12-6 h.

The CAUSE OF DEATH* was as follows:

Hypertension, Chronic Interstitial Nephritis, Mitral Regurgitation

(Duration) yrs. mos. 5 ds

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys.

(Signed) Chas. Ed. Hitchcock M. D

7 1928 (Address) 201 Guilford Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudenmine's Sons — DATE OF BURIAL. July 17 1928

20-UNDERTAKER, J. Edward Lee — ADDRESS. 339 Hanover St

pec.—1-12-23—M&T—500 Blks.

E 35676 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35676

## CERTIFICATE OF DEATH.

REGISTERED NO. 128

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Aliceanna ST., 3-4 WARD)

2-FULL NAME Mary Bolewicki

(a) RESIDENCE NO. 1514 Aliceanna ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Saperated |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1884

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 44 | | | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Catherine Getek
(Address) 1607 Aliceanna St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-1 28 to July 12 1928, that I last saw h alive on July 11 1928 and that death occurred, on the date stated above, at 10 a. m

The CAUSE OF DEATH* was as follows:

a cute Nephritis
acute Nephritis — (duration) yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Cath Ul Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No ... Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Fred Dr ... M. D.

(Address) 1600 Dill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St Stanislaus July 16 1928

20 UNDERTAKER — ADDRESS

John M Weber 401 S Chester St

OCT 15 1928 THOMPSON-JONES CO.

Spec.—1-12-23—M&T—500 Blks.

N 35677

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001 E 35677

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Fleet St. St. 1-3 WARD)

2-FULL NAME Agnes Bronska

(a) RESIDENCE No. 2501 Fleet St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Michael Wachowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Wladyslawa Kuchta
(Address) 2501 Fleet St.

15 Filed , 19 RRK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1928

17 I HEREBY CERTIFY, That I attended deceased from July 12, 19 28 to July 14, 19 28

that I last saw h alive on July 14, 19 28

and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Fatty [illegible]

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Rosary July 17 1928

20 UNDERTAKER — ADDRESS

John M Weber 401 S Chester St

Spec.—1-12-23—M&T—500 Blks.

E 35678

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35678

## CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 Pfister Court ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Pelachowski

(a) RESIDENCE NO. 2425 Pfister Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 10 1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | | 6 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Martin Pelachowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Bertha Wojciechowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Martin Pelachowski

(Address) 2425 Pfister Court

15 Filed JUL 15 1928, 19 C. HAMPSON JONES

RR C Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/11, 1928, to 7/14, 1928, that I last saw h[illegible] alive on 7/14, 1928, and that death occurred, on the date stated above, at 5.20 P. M.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis + Other Conditions

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N d Date of

Was there an autopsy? N d

What test confirmed diagnosis? Symptoms & Autopsy

(Signed) [illegible], M. D.

, 19 (Address) 46 [illegible] Dr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary | July 16 1928 |
| 20 UNDERTAKER | ADDRESS |
| John W Weber | 401 S Chester St |

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35679

161-29 35679

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 6-9 Ward)

2-FULL NAME Baby Boy Wasiewski

(a) RESIDENCE NO. 252 Ann St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July-10-1928

7 AGE: Years ____ Months ____ Days ____ IF LESS than 1 day 18 hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer _____

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Adam Wasiewski

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Grace Zulky

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Adam Wasiewski

(Address) 252 E Ann St

15 Filed _____, 19__ _____ Registrar

RRL

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 7-13-28

17 I HEREBY CERTIFY, That I attended deceased from 7-13, 19 28, to 7-13, 19 28, that I last saw him alive on 7-13, 19 28, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? Clinical

(Signed) Henry Weintraub, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial: July 15 1928

20 UNDERTAKER: John M Weber — ADDRESS: 401 A Chester St

ec.—1-12-23—M&T—500 Bks.

E 35680

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35680

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Pierce ST., 17-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Powell

(a) RESIDENCE No. 801 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Col. | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb. 23 1908

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 20 | 4 | 19 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Md

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Sparks Md

10 NAME OF FATHER Nathan Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Kents

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant Nathan Powell

(Address) 801 Pierce

15 Filed JUL 15 1928 HAMPSON JONES

RRK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12- 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-2- , 1928 , to 7-12- , 1928 ,

that I last saw h alive on 7-11- , 1928

and that death occurred, on the date stated above, at 3, 30P m

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Percy Carguie, M. D.

7-13-1928 (Address) 611- N. Carolen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL July 15 1928

20 UNDERTAKER Henderson Chapel ADDRESS 1528 Edmondson Ave

Spec. –7-17-26—A Co.—200 Bks.

E 35681 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35681

## CERTIFICATE OF DEATH

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 713 W. Lanvale St. (Ward) 17-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Jones

(a) RESIDENCE NO. 713 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Jones

6 DATE OF BIRTH (month, day, and year): March 2. 1845

7 AGE — Years: 73 Months: 4 Days: 10

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Centreville

(State or country): Queen Anne Co. Md

PARENTS

10 NAME OF FATHER: John Jones

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Queen Anne Co. Md

12 MAIDEN NAME OF MOTHER: Adelia Wilson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Queen Anne Co. Md

14 Informant: Ada Dixon

(Address): 220 Waverly

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 27. 19 28. to July 12 19 28.

that I last saw h[illegible] alive on July 11 19 28.

and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. T. Hartney, M. D.

7/13 19 28 (Address) 862 N. Fayette

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. Date of Burial: July 16 28

20 UNDERTAKER: Samuel Hrnosky ADDRESS: 1128 Bank

RRK

Cor.—12-9-25—A Co.—200 Bks.

35682

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35682

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 Bloom St. 14-54 Ward)

2-FULL NAME Robt H. Jones.

(a) RESIDENCE NO. 514 Bloom St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 1 1883

7 AGE: Years 45 Months 1 Days 23 (12 / 2) IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fisherman

(b) General nature of indnstry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country): "

PARENTS

10 NAME OF FATHER: Robt H. Jones

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country): "

12 MAIDEN NAME OF MOTHER: Lettie Braxton

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country): "

14 Informant: Mary Jones

(Address): 402 Bloom Ste

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Apoplexy

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

July 13 1928 (Signed) F. B. Luck M. D.

(Coroner)

July 13 19 (Address) North Ave & Dimmick

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Va Date of Burial July 15 28

20 UNDERTAKER: Samuel D Hensley ADDRESS 1 N Bethel

Spec.—1-10-21—M&T—1500 Bks.

Ticha

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35683

E 35683

74-001

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hosp (St.) (Ward) 10

2-FULL NAME Thomas Ticha

(a) RESIDENCE No. 407 N. Carey St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eleanora Ticha

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE — Years: 50 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Ticha

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant: Joseph Brocak

(Address) 407 N. Carey St

15 Filed OCT 15 1928 C. HAMPSON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-13-28

17 I HEREBY CERTIFY, That I attended deceased from 7-11-28, 19 , to 7-13-28, 19 ,

that I last saw h alive on 7-13-28, 19 ,

and that death occurred, on the date stated above, at 12.20 P.m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis & hypertension

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? clinical & autopsy

(Signed) C. C. Klemmer, M.D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: July 16 1928

20 UNDERTAKER: Enoch Evans Son — ADDRESS: 1900 Eastern Ave

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35684

## CERTIFICATE OF DEATH.

74-01 35684

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3200 Ferndale Ave (ST.) (WARD) 14

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Rumney Mentzel

(a) RESIDENCE No. 3200 Ferndale Ave ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? 74 yrs. 8 mos. 14 ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry D. Mentzel

DATE OF BIRTH (month, day, and year): Nov-9-1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 74 | 8 | 4 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Robt. Rumney

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Henrietta See

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) Maryland

14 Informant: Miss Maud Sellenzil

(Address) 3200 Ferndale Ave.

15 Filed JUL 15 1928 C. HAMPSON JONES, M. D. Registrar RRK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1928

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to July 13, 1928

that I last saw h alive on July 13, 1928

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? ~~Autopsy~~ no

What test confirmed diagnosis? Observation

(Signed) A. C. Simms, M. D.

(Address) 4109 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | July 16 1928 |

20 UNDERTAKER: Edward Mehnert Co ADDRESS: Balto.

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35685 ✓ E 35685

## CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 129 E. Randall St. ST. 24-24 WARD

2-FULL NAME John T. Brown Sr.

(a) RESIDENCE NO. 129 E. Randall St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Eurith F. Brown

DATE OF BIRTH (month, day, and year) Oct 13 1852

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 75 | 9 | 0 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Keeper of Cemetery

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

10 NAME OF FATHER James T. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co.

12 MAIDEN NAME OF MOTHER Mary Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co.

14 Informant Mrs. Eurith F. Brown
(Address) 129 E. Randall St

15 Filed JUL 15 1928 HAMPSON, Jr. M Registrar

RKK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to July 13, 1928

that I last saw h ~~alive~~ on July 13, 1928

and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. S. Campbell M. D.

7-14, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 7/16 1928

20 UNDERTAKER L. F. McCully

ADDRESS 130 E Fort

ec.—2-29-28—L. F. S.—500 Bks.

E 35686

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35686

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 2004 E Fairmount Ave (WARD) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline W. Schwerdt.

(a) RESIDENCE NO. 2004 E Fairmount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W. | Married. |

If married, widowed, or divorced HUSBAND ~~of~~ (or) WIFE of John A. Schwerdt.

DATE OF BIRTH (month, day, and year) Nov 17-1860

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 7 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa.

10 NAME OF FATHER Chas. Huber.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Haas.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant John A. Schwerdt

(Address) 2004 E Fairmount

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14-1928

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928 to July 14, 1928

that I last saw her alive on July 13, 1928

and that death occurred, on the date stated above, at 9:40 A.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Melancholia 3

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) F. T. Simm, M. D.

7/14/28 (Address) 600 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | July 17 1928 |
| 20 UNDERTAKER | ADDRESS |
| Holmboe | 502 E North |

e.—2-29-28—L. F. S.—500 Bks.

35687

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

24-001 V E 35687

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 570 Park Ave ST., 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Anne Clark

(a) RESIDENCE NO. 570 Park Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 2 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 2 | 28 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): England

10 NAME OF FATHER: John Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Patrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant: Charles Clark

(Address) 570 Park Ave

Filed ....., 19 ..... Registrar

RAS

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14/28.

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1928 to July 14, 1928

that I last saw her alive on July 14, 1928

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Hemiplegia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis - Senile -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D S Gump, M. D.

7-14-28 (Address) 6 W Preston Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem | July 16 1928 |
| 20 UNDERTAKER | ADDRESS |
| H M Cole | 502 East N. Ave |

HAMPSON JONES

Spec—12-23-21—E.B.R.S.—400 Bks.

E 35688

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35688

## CERTIFICATE OF DEATH.

94-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 1400 Eastern Ave. St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Blanche Young

(a) Residence No. Spears Maryland St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced,~~ (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph. Young.

6-DATE OF BIRTH (month, day and year) Aug. 30, 1860

7-AGE. 67 yrs. 10 mos. 15 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper. 070

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Hans Price

9-BIRTHPLACE (city or town) Baltimore (State or Country),

PARENTS.

10-NAME OF FATHER, Joseph Galvin

11-BIRTHPLACE OF FATHER (city or town) Baltimore (State or Country),

12-MAIDEN NAME OF MOTHER, Harriet Ann Holland

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14- (Informant) Elizabeth Lynn

(Address) 1400 Eastern Ave.

15- Filed JUL 15 1928 HAMPSON JONES Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 15. 1928

17- I HEREBY CERTIFY, That I attended deceased from Apr. 10th 1927 to July 15th 1928 that I last saw h. alive on July 15th 1928 and that death occurred, on the date stated above, at 1304 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Followed by Hemiplegia

(Duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benjamin Grimes M. D.

July 1, 1928 (Address) 1400 Eastern Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Eastern Cem. DATE OF BURIAL. July 18 1928

UNDERTAKER. William Carson ADDRESS 1 E. Natta

c.—2-29-28—L. F. S.—500 Bks.

Dr Dorsey 1129 St Paul St

E 35689 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35689

## CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 411 Lake Ave ST. 27-53 WARD)

2—FULL NAME Minnie A Case

(a) RESIDENCE NO. 411 Lake Ave ST., ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of George E Case

DATE OF BIRTH (month, day, and year) Mar 27-1870

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 58 | 3 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) N. J.

10 NAME OF FATHER ? Harvard

11 BIRTHPLACE OF FATHER (city or town) Canton (State or country) N. J.

12 MAIDEN NAME OF MOTHER Sarah Jones

13 BIRTHPLACE OF MOTHER (city or town) Belleville (State or country) Ontario Canada

Informant Ted E Case

(Address) 411 Lake Ave

Filed ....., 19 .....

C. HAMPSON JONES

Per ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-2, 1928, to 7-12, 1928,

that I last saw her alive on 7-12, 1928

and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chronic nephritis

(duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senile bronchopneumonia

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Dorsey, M. D.

, 19 (Address) 1129 E. Pau[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn, Towson

DATE OF BURIAL 7/15 1928

20 UNDERTAKER H. C. Cook

ADDRESS 502 E. Fayette

ec.—1-12-23—M&T—500 Blks.

E 35690 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35690

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 W. Lexington ST. 14-2-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick B. Manns

(a) RESIDENCE No. 182 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Clara Foreman

DATE OF BIRTH (month, day, and year) Mar 22/73

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 55 | 3 | 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buyer & Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture

(c) Name of employer Hecht Bros

BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Fredk A. Manns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Md.

12 MAIDEN NAME OF MOTHER Amelia Remy July 13 19 28

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Elena Manns (Address) 1822 W Lexington

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1926, to July 13, 1928, that I last saw him alive on July 12, 1928, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, Hypertension, Cardiac insufficiency

about 3 yrs. mos ds.
(duration)

CONTRIBUTORY (Secondary) Cardiac exhaustion. few Minutes
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? usual tests

(Signed) H. E. Krieg, M. D.

July 13 1928 (Address) 4025 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cem | 7/16/28 |
| 20 UNDERTAKER George A. Tinley | ADDRESS Fulton & Fayette |

ec.—1-12-23—M&T—500 Bks.

E 35691

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35691

## CERTIFICATE OF DEATH.

+ 135

1-PLACE OF DEATH University Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 4 ST. 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Hall

(a) RESIDENCE NO. Randallstown Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day and year) Unknown 1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 60 | 64 | 4 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Columbus Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mrs Elizabeth Hall

(Address) Woodstock Md

15 Filed ... 19 ... THOMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-30, 1928, to 7-15, 1928,

that I last saw h[illegible] alive on 7-15, 1928,

and that death occurred, on the date stated above, at 3 15 m.

The CAUSE OF DEATH* was as follows:

Hypertrophy Prostate

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 7-10-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John Roberts Phillips M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Lebert-Cem

DATE OF BURIAL Jul 17 1928

20 UNDERTAKER Easton Sons & Ellicott City

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 35692

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 35692

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1643 Aisquith ST., 9-16 (WARD)

2-FULL NAME Harry J Kemsff.

(a) RESIDENCE No. 1643 Aisquith ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Mar 23 1908

7 AGE — Years: 20 | Months: 3 | Days: 21 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ..... 0 0

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Geo. Stemsff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Amelia A Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md.

14 Informant: Geo Kemsff
(Address): 1643 Aisquith

15 Filed ....., 19 ..... Registrar

C HAMPSON JONES M D
JUL 13 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 15 , 19 28 , to July 14 , 19 28

that I last saw h[illegible] alive on July 14 , 19 28

and that death occurred, on the date stated above, at 11:25 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

..... (duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? No Date of no

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... F. B. Link ....., M. D.

July 15th. (Address) 1601 North Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: July 18 1928

20 UNDERTAKER: Geo. F. Ruth — ADDRESS: 1735 Harford Ave

ec.—1-12-23—M&T—500 Bks.

35693

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35693

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Fire & Park Board Bldg. 89

REGISTERED NO.

CITY OF BALTIMORE: (No. 1825 N. Gay St. ST.) (WARD) 8-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew L. ~~Black~~ Black Jr.

(a) RESIDENCE NO. 1825 N Gay st. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Black.

DATE OF BIRTH (month, day, and year): Aug. 13/73

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 54 | 11 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): City 032

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Andrew L. Black

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

4 Informant: Annie Black. (Address) 1825 N. Gay st.

5 Filed ... 19 ... Registrar

JUL 15 1928 C. HAMMOND JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1928

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to July 13, 1928,

that I last saw him alive on July 13, 1928

and that death occurred, on the date stated above, at 9.10 A. m

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms preceding

(Signed) Frank N. Ogden, M. D.

July 15, 1928 (Address) 15 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemty. — DATE OF BURIAL: July 16 1928

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1735 Harford

Spec.—1-10-21—M&T—1500 Bks.

E 35694

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35694

## CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ste Claire Lane St. 5-16 Ward)

2-FULL NAME Caroline Fischer

(a) RESIDENCE NO. Ste Claire Lane ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Fischer

6 DATE OF BIRTH (month, day, and year): Aug. 13

7 AGE: 60 — Years: — Months: 10 — Days: 29 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Henry Fischer, Ste Claire Lane

15 Filed ..... 19 ..... C. HAMPSON JONES, M. Registrar

Rk

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1 1928 to July 12 1928.

that I last saw h alive on July 12 1928,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(duration) V yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Physical signs

(Signed) V. C. Harden M. D.

July 14, 1928 (Address) 1301 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jerusalem Cemetery — DATE OF BURIAL: July 16 1928

20 UNDERTAKER: George J. Rutt — ADDRESS: 1735 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 35695

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35695

## CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hartman

(a) RESIDENCE No. 1824 E. Oliver St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 13 / 28

7 AGE Years — Months 5 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Edward Hartman

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Marion Saunder

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Hosp. Records (Address)

15 Filed JUL 15 1928 C. HAMPSON JONES Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17

I HEREBY CERTIFY, That I attended deceased from July 30 1926 to July 13 1928, that I last saw h alive on July 13 1928, and that death occurred, on the date stated above, at 11:10 p m.

The CAUSE OF DEATH* was as follows:

Dysentery e
~~Intussusception~~

over

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) C C Zimmerman M. D.

1928 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemty

DATE OF BURIAL July 16 1928

20 UNDERTAKER Myers - L. Ruth

ADDRESS 1785 Harford Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 35696 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35696

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Maudlin ave. ST. 25-72 WARD)

REGISTERED NO. 72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie M. Lucy.

(a) RESIDENCE NO. 2801 Maudlin Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard A. Lucy.

6 DATE OF BIRTH (month, day, and year): Nov. 29/1877

7 AGE: Years 50 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kent Co. Md.

PARENTS

10 NAME OF FATHER: Joseph R. Burgison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Pa.

12 MAIDEN NAME OF MOTHER: Marietta Merritt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co. Md.

14 Informant: Marietta Burgison

(Address) 2801 Maudlin ave.

15 Filed JUL 16 1928 C. H. JEFFERSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to July 14, 1928, that I last saw her alive on July 14 1928 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Locomotor ataxia

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo. Jos. Kirkpatrick M. D.

July 15 1928 (Address) 2320 Druid Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer — DATE OF BURIAL: July 16 1928

20 UNDERTAKER: Walter Davis — ADDRESS: 3307 Pine St.

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35697 90 35697

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 Woodland Ave. ST., 27-53 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas K. Ensor.

(a) RESIDENCE NO. 934 Woodland Ave. ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

3 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Ensor.

DATE OF BIRTH (month, day, and year) May 30, 1850

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 78 | 1 | 13 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Nickolus Ensor.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Kelbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah J. Ensor.
(Address) 934 Woodland Ave.

15 Filed ..... 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13. 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1927, to July 13, 1928
that I last saw him alive on July 13, 1928
and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valv. Heart Disease.

(duration) yrs. 17 mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature], M. D.
2/14 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove Cem. DATE OF BURIAL: July 16 1928

20 UNDERTAKER: Ashworth Sons Chestnut ADDRESS: 3217

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 35698

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35698

## CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Oakley st 16-22 ST.; WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Moylan Keene

(a) RESIDENCE. No. 1814 Oakley St ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 1921

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | 2 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John W. Keene

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Dorchester, Md

12 MAIDEN NAME OF MOTHER Mattie E. Phillips

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dorchester, Md

14 Informant Mr John W. Keene
(Address) 1814 Oakley st

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

16 1928 Per E K G.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5 . 1928. to July 15 . 1928.
that I last saw him alive on July 14 . 1928.
and that death occurred, on the date stated above, at 4.45 A m.
The CAUSE OF DEATH* was as follows:

Rheumatic Fever

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Acute Endocarditis (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at above address

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas J Hetherington, M. D.

. 19 (Address) 1809 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fishing Creek, Dorchester County Maryland — DATE OF BURIAL: July 16/28

20 UNDERTAKER: Jos Joerdens & Son — ADDRESS: 217 S. Paca st

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 35699 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35699

# CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3976 Elm Ave (ST.) 1352 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha W. Barker D'arcy

(a) RESIDENCE. No. 3976 Elm Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Darcy

6 DATE OF BIRTH (month, day, and year) May 17 1860

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 1 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Barker

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Margaretth Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mary Barker
(Address) 3976 Elm ave

15 Filed 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov 17, 1927 to July 14, 1928

that I last saw her alive on July 14, 1928

and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Senile Arteriosclerosis
Rheumatoid Arthritis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. Wilson M. D.

19 (Address) 823 N Mt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Grace Church Etheridge Landing 7/16 1928

20 UNDERTAKER — ADDRESS

Franklin W Seitz 709 W 33rd St

FEB 15 1928 C. HAMPSON JONES

Cor.—12-9-25—A Co.—200 Bks.

35700

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

17 0 ✓ E 35700

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Home Bank Bldg.

City of BALTIMORE: (No. Hanover & Lombard St. 27-53

2-FULL NAME George Henry Kastendike

(a) RESIDENCE NO. 607 Edgevale Road St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma G. Kastendike

6 DATE OF BIRTH (month, day, and year) August 26, 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | 8 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Promoter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George H. Kastendike

11 BIRTHPLACE OF FATHER (city or town) Alsace

(State or country) Lorraine

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Emma G. Kastendike

(Address) 607 Edgevale Rd

15 Filed.....19..... CHAMPION JOHNS, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 15, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Shot Gun Shot wound in Chest.

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) W. S. Foley M. D.

July 15 — (Coroner)

(Address) 1639 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 607 Edgevale Rd

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial July 16 28

20 UNDERTAKER J. B. Cook ADDRESS 1003 W. Baltimore St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 35701

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35701

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3401 Elgin Ave St., 15-61 Ward) Registered No. 74-001

2-FULL NAME Edward F. Heard

(a) Residence No. 3401 Elgin Ave St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~ Married, ~~Widowed, or Divorced~~ (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie V. Heam

6-DATE OF BIRTH (month, day and year) May 16 1868

7-AGE, 60 yrs. 1 mos. 27 ds.

If LESS than 1 day, ....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wholesale Fruit

(b) General nature of industry, business, or establishment in which employed (or employer) Commission

(c) Name of employer for self

9-BIRTHPLACE (city or town) (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Charles Hearn

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Howard Co. Md

12-MAIDEN NAME OF MOTHER, Elizabeth Fenno

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Howard Co Md

14- (Informant) Mrs Fannie V. Hearn

(Address) 3401 Elgin Ave

15- Filed ....., 192.... C. HOWARD JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 13 1928

17- I HEREBY CERTIFY, That I attended deceased from ..... 19 19 to July 13 19 1928

that I last saw h.. alive on July 13 19 28

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cardio nephropathy

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. 1 mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George Mosher M. D.

7/14, 19 28 (Address) 2435 Mary Land Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL, July 16 1928

20-UNDERTAKER, Chas S Cook ADDRESS 1003 E Balto St

c.—2-29-28—L. F. S.—500 Hks.

E 35702

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35702

## CERTIFICATE OF DEATH

74001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2508 Gibbons av ST. 27th WARD

2—FULL NAME Kate Ullrich

(a) RESIDENCE NO. 2508 Gibbons av ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| [illegible] | white | Widow |

f married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Ullrich

ATE OF BIRTH (month, day, and year) July 31. 1863

| GE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 11 | 17 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Henry Buettold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Berlin

12 MAIDEN NAME OF MOTHER Elizabeth Rosenhunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berlin Germany

Informant Mrs. J. Hildebrandt

(Address) 2508 Gibbons av

Filed JUL 16 1928, 19 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1928.

17

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1927 to July 14, 1928.

that I last saw h alive on July 14, 1928

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Cerebral Hemorrhage)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Smith, M. D.

July 15 1928 (Address) 4 W Hoffman Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | July 17 1928 |
| 20 UNDERTAKER | ADDRESS |
| Johannah Cemetery | 1004 Hoffman St |

ec.—1-12-23—M&T—500 Blks.

E 35703

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35703

## CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1681 Cliftview Ave (S.) 8-45 (WARD)

2-FULL NAME Frances Doris Pepino

(a) RESIDENCE No. 1681 Cliftview ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: —

7 DATE OF BIRTH (month, day, and year): Dec 7th 1919

8 AGE — Years: 8 — Months: 7 — Days: 8 — If LESS than 1 day, hrs. or min.: .....

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

11 NAME OF FATHER: Walter Pepino

12 BIRTHPLACE OF FATHER (city or town) (State or country): Md

13 MAIDEN NAME OF MOTHER: Helen Eder

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

15 Informant: Walter Pepino

(Address): 1681 Cliftview Ave

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to July 14, 1928.

That I last saw h[illegible] alive on July 14, 1928

and that death occurred, on the date stated above, at 12 05 a m

The CAUSE OF DEATH* was as follows:

Rheumatic Fever Acute

..... (duration) ..... yrs. ..... mos 24 ds.

CONTRIBUTORY (Secondary) Pericarditis

..... (duration) ..... yrs. ..... mos. 24 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jacob Fuchs, M. D.

7/15 1928 (Address) 1823 N. Mast St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 18 28

20 UNDERTAKER: Geo W. Frutchey — ADDRESS: 811 North

Spec.—5-19-13—M. & T.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35704 — 500 — V 35704

## CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 Rock ST. 18-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Tucker

(Residence in Baltimore: No. 224 Rock St

St.: 1 yrs., 11 mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Sept. (Month) 1 (Day), 1890 (Year)

7-AGE, 37 yrs. 10 mos. 13 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): South Carolina

PARENTS.

10-NAME OF FATHER: John Wesley Tucker

11-BIRTHPLACE OF FATHER (State or Country): S.C.

12-MAIDEN NAME OF MOTHER: Lucinda Allen

13-BIRTHPLACE OF MOTHER (State or Country): S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leora Tucker

(Address) 224 Rock St.

15- Filed JUL 16 1928 191.... C. HAMPSON JONES, M.D. Per ... Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 13 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 30 1928, to July 13 1928, that I saw him alive on July 13 1928, and that death occurred, on the date stated above, at 12.40 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia.

(Duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Ileo-Colitis

(Duration) 0 yrs. 5 mos. 18 ds.

(Signed) John L. Stansbury M. D.

191... (Address) 1032 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, National City — DATE OF BURIAL, JUL 18, 1928

20-UNDERTAKER Leonard Walen — ADDRESS 694 Pierce St

cc.—1-12-23—M&T—500 Blks.

E 35705

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35705

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 10-12-43

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Thompson

(a) RESIDENCE NO. 2675 Wilkens Ave. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1876

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Geo. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant BALTIMORE CITY HOSPITALS

(Address)

Filed Oct 16 1943, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14 1921

17 I HEREBY CERTIFY, That I attended deceased from 10/13, 1921, to 7/14, 1921

that I last saw h[illegible] alive on 7/14, 1921

and that death occurred, on the date stated above, at 4 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of Throat

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Stomach Trouble

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of 10/20/21

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy Findings

(Signed) R. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 7/17 1921

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Fort

...ec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35706

## CERTIFICATE OF DEATH

129 E 35706

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4122 Walnut ave ST. Ward 26)

2—FULL NAME Mary Ann Ray

(a) RESIDENCE NO. 4122 Walnut ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 7 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX F. | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 7-1849

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 7 | 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER John Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Kirchen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eng.

Informant Maggie Ray

(Address) 4122 Walnut ave

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 '28

17 I HEREBY CERTIFY That I attended deceased from July 1, 1928, to July 13, 1928, that I last saw her alive on July 11, 1928, and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Louis Ehrenfeld M. D.

(Address) 709 W. Fayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Can.

DATE OF BURIAL July 16 1928

20 UNDERTAKER John A. Moran

ADDRESS 300 E. Balto St

c.—2-20-28—L. F. S.—500 Bks.

E 35707

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35707

## CERTIFICATE OF DEATH

49

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5010 Palmer av ST. 27-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Wolfe

(a) RESIDENCE NO. 5010 Palmer av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: W. | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ralph Wolfe

DATE OF BIRTH (month, day, and year): March 23, 1887

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 41 | 3 | 19 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto -

10 NAME OF FATHER: Martin Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Whelan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Ralph Wolfe

(Address) 5010 Palmer av

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 - 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1 - 1928, to July 13, 1928, that I last saw h[illegible] alive on July 13, 1928 and that death occurred, on the date stated above, at 5.20 p m.

The CAUSE OF DEATH* was as follows:

Cancerous Gland in Axilla

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of June 8 - 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Pathologist report

(Signed) Chas A Cullen, M. D.

7/14, 1928 (Address) 2106 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 17 1928

20 UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Balto

T. S. ADDISON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35708

## CERTIFICATE OF DEATH.

90 ✓ E 35708

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute Hopkins Hospital 3-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Clarke

(a) RESIDENCE NO. 914 Watson St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna B. Clarke

6 DATE OF BIRTH (month, day, and year): Oct 16/1886

7 AGE: Years 41 Months 9 Days 28 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: City Employee

(b) General nature of industry, business, or establishment in which employed (or employer): Water Dept.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Edwin Clarke

11 BIRTHPLACE OF FATHER (city or town)

(State or country): U.S.A.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): U. S. A.

14 Informant: Anna B. Clarke

(Address): 914 Watson St

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Gallen M. D.

(Coroner)

7/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem. Date of Burial: July 16 1928.

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS: 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

E 35709

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35709

161-001

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 36-1 Ward)

2-FULL NAME Baby Girl Lackl

(a) RESIDENCE NO. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day 3 hrs. or min. |
|---|---|---|---|---|
| | — | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Ludwig Lackl

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Augusta Ott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Ludwig Lackl. Father

(Address) 331 N. Wolfe St.

15 Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7-14-28

17

I HEREBY CERTIFY, That I attended deceased from 7-14, 19 28, to 7-14, 19 28,

that I last saw h alive on 7-14, 19 28,

and that death occurred, on the date stated above, at 11.55 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Henry Weintraub, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

First Evangelical Cem July 16 1928

20 UNDERTAKER ADDRESS

Lilly & Zeiler Inc. 400 S. Wolfe St

Spec.–7-17-26—A Co.—200 Bks.

E 35710

# HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 35710

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 2363 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ula Schofield

(a) RESIDENCE NO. 3904 Lloyd ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 8 mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis E. Schofield

6 DATE OF BIRTH (month, day, and year) Nov 8/1890

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 37 | 8 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B+O R R

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER John M Haus

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Leidia F Downes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Lidia F Haus

(Address) 3904 Lloyd ave

15 Filed ..., 19 ...

HAMILTON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/12/28 19

17 I HEREBY CERTIFY, That I attended deceased from 7/10/28, 19..., to 7/12/28, 19...,

that I last saw her alive on 7/12/28, 19...,

and that death occurred, on the date stated above, at 8:50 p.m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis

(duration) known yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Edema

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. E. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — Date of Burial July 17 1928

20 UNDERTAKER Harry N. Amacost — ADDRESS 4204 Ridgewood Ave

Cor.—12-9-25—A Co.—200 Bks.

E 35711

# HEALTH DEPARTMENT—CITY OF BALTIMORE

182 ✓ E 35711

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Hopkins Hospital St. 1-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Zarbs

(a) RESIDENCE NO. 2715 Eastern Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 26/1906

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or....min. |
|---|---|---|---|---|
| | 21 | 10 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Weiskittle & Co

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Zarb

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Greece

12 MAIDEN NAME OF MOTHER Mary Stine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Helen Bauer (sister)

(Address) 2715 Eastern Ave

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an in[illegible]iry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned- jumped from Steamer Fairvie[illegible] nr Riverview while intoxicated. (Not Suicidal)

(over)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Paten M. D.

(Coroner)

7/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Date of Burial July 16 1928

20 UNDERTAKER Marlow W E Ruppel Inc ADDRESS 2[illegible] Saratoga

c.—2-29-28—L. F. S.—500 Bks.

E 35712

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1113

E 35712

1—PLACE OF DEATH

REGISTERED NO. 2046

CITY OF BALTIMORE: (No.) 110 S. Carey ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elmer E. Duvall

(a) RESIDENCE NO. 110 S. Carey ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Dec 25th 1927

AGE: Years | Months: 6 | Days: 19 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Ellicott Mills

(State or country) Md

10 NAME OF FATHER Elmer Duvall

11 BIRTHPLACE OF FATHER (city or town) Ellicott Mills

(State or country) Md

12 MAIDEN NAME OF MOTHER Madeline Lindsay

13 BIRTHPLACE OF MOTHER (city or town) Ellicott Mills

(State or country) Md

Informant Elmer Duvall

(Address) 110 S. Carey St

Filed ....., 19 .....

HARRISON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/28

17

I HEREBY CERTIFY, That I attended deceased from 7/3/28, 19..., to 7/4/28, 19...,

that I last saw h... alive on 7/4/28, 19...

and that death occurred, on the date stated above, at 8 30 A.m.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) Prob. yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Bernard J. Fury, M. D.

..., 19... (Address) 910 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: July 16th 1928

20 UNDERTAKER: F. B. Hopkins — ADDRESS: 1850 W. Baltimore St

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35713 E 35713

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE (No. 11 E Chase St. Howard H. Kelly Hosp. W 15 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr Charles Lee Summers

(a) RESIDENCE NO. 11 E Chase St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Hall

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE — Years: 64 — Months — Days — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) N. C.

(State or country)

PARENTS

10 NAME OF FATHER Chas L Summers

11 BIRTHPLACE OF FATHER (City or town) N C.

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Murdock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N C

14 Informant Oscar D. Green

(Address) 2038 Park ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to July 15, 1928,

that I last saw h[illegible] alive on July 15, 1928,

and that death occurred, on the date stated above, at 7.06 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ?

If not at place of death? (approx)

Did an operation precede death? yes Date of May 28 1928

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Edward Kelly, M. D.

July 16 1928 (Address) 1418 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winston Salem N C — Date of Burial July 16 1928

20 UNDERTAKER John O Mitchell and Sons — ADDRESS 1401 Eutaw Place

c.—1-12-23—M&T—500 Bks.

35714

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35714

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 69 WARD)

2-FULL NAME Adella Jones

(a) RESIDENCE NO. 2038 E Fayette ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: [redacted] WHITE

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: George Jones

DATE OF BIRTH (month, day, and year): 1888 Dec 30

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| 39 | 39 | 6 | 13 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: ? McHenry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant .....
(Address) BALTIMORE CITY HOSPITALS

Filed ..... 19 ..... Registrar

C. MARION JONES, M. D.

JUL 16 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/13 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/12, 1928, to 7/13, 1928,

that I last saw her alive on 7/13, 1928

and that death occurred, on the date stated above, at 4.15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Instant yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Slack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 7/17 1928

20 UNDERTAKER: Philip Herwig

ADDRESS 2006 Orleans St

ec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35715

E 35715

## CERTIFICATE OF DEATH.

31

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. (or) WARD)

2-FULL NAME George Schlesegrell (Schlesegrell)

(a) RESIDENCE No. 1862 N. Wolfe ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6 If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) Unknown.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Geo. Schlesegrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Dauchard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed JUL 16 1928, 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15-1928

17 I HEREBY CERTIFY, That I attended deceased from 2-20-, 1928, to 7-15-, 1928, that I last saw him alive on 7-15-, 1928, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Lab and Clinical

(Signed) Henry C Smith, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 7/18, 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Eutaw St

...e.—1-12-23—M&T—500 Blks.

E 35716 HEALTH DEPARTMENT—CITY OF BALTIMORE. E 35716

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 613 Baker ST. 1454 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Wilson

(a) RESIDENCE NO. 513 Baker ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Joshua Wilson

DATE OF BIRTH (month, day, and year): May 12, 1870

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 2 | 2 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stem Harper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

BIRTHPLACE (city or town) (State or country): Yorktown Va

10 NAME OF FATHER: Henry Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Elizabeth Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Joshua Wilson 613 Baker

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1928, to July 14, 1928, that I last saw h alive on June 13, 1928, and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis & Hepatitis (duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. H. Wright, M. D.

July 16 19 28 (Address) 1209 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Yorktown Va

DATE OF BURIAL: July 16 1928

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1393 Preston St

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35717

90 E 35717

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1504 Presstman St. 5-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mahala Randall

(a) RESIDENCE NO. 1504 Presstman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Randall

6 DATE OF BIRTH (month, day, and year): nov 1 1869

7 AGE — Years: 58 Months: 8 Days: 12 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A. A. Co Md.

PARENTS

10 NAME OF FATHER: Thomas Burgess

11 BIRTHPLACE OF FATHER (City or town) (State or country): A. A. Co Md.

12 MAIDEN NAME OF MOTHER: Catherine Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A. A. Co Md.

14 Informant: Cephas Hall

(Address): 1504 Presstman st

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 19 28

I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 28, to July 13, 19 28, that I last saw her alive on July 13, 19 28, and that death occurred, on the date stated above, at 9 05 P. M.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

(duration) ..... yrs. 6 mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Peter, M. D.

7/13 19 28 (Address) 1115 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt zion cemetery — Date of Burial: July 16 19 28

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Presstman

...—2-29-28—L. F. S.—500 Bks.

E 35718 HEALTH DEPARTMENT—CITY OF BALTIMORE 159-003 35718

215

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 15-21 WARD)

2—FULL NAME Marie Day

(a) RESIDENCE NO. 1821 Carrancahi ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| emale | Colored | Baby |

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) NOV, 1928

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 9 months | | | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Eli Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14-1928

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1928 to July 14, 1928, that I last saw h.er alive on July 14, 1928 and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Heart.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Lyman Maiks, M. D.

July 14 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL July 17 1928

20 UNDERTAKER Thomas G. Kelson

ADDRESS 1303 Presstman St

...c.—1-12-23—M&T—500 Bks.

E 35719

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001
E 35719

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705 Poplar Grove St. 15-68 (WARD)

2-FULL NAME G. Evan Hild

(a) RESIDENCE NO. 1705 Poplar Grove ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| M. | W. | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia L. Hild

DATE OF BIRTH (month, day, and year) Mar 8-1850

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 78 | 4 | 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

BIRTHPLACE (city or town) Harford Co. Md
(State or country)

10 NAME OF FATHER John Hild

11 BIRTHPLACE OF FATHER (city or town) [illegible]
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Amelia L. Hild
(Address) 1705 Poplar Grove St

15 Filed JUL 16 1928, 19.. C. HARRISON JONES, M.D.
Per ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1928 to July 14, 1928 that I last saw him alive on July 13, 1928 and that death occurred, on the date stated above, at 10 15 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis chronic & chronic hypostatic pneumonia & cystitis.

(duration) one yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Apoplexy + Chronic toxemia

(duration) ..... yrs. ~ mos. 6 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Maurice E. Shamer M. D.

7/14 1928 (Address) 5300 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 17 1928

20 UNDERTAKER Dorsam & Gore — ADDRESS 1725 W. Lafayette

ec.—1-12-23—M&T—500 Blks.

E 35720 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35720

99-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3403 Milford ST. 28-64 (WARD)

2-FULL NAME Sarah J. Reister

(a) RESIDENCE No. 3403 Milford ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Peter P Reister

DATE OF BIRTH (month, day, and year) April 30 40

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 88 | 2 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md Harrington

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs R E Stevenson

(Address) 3403 Milford

15 Filed ....., 19 ..... Registrar .....

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1928

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 13, 1928, that I last saw h[illegible] alive on July 13, 1928, and that death occurred, on the date stated above, at 12.15 A m

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis,

1 9

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo A Hockman, M. D.

, 19 (Address) 5835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL July 16 1928

20 UNDERTAKER H M Routson

ADDRESS 223 FW Madison

c.—2-29-28—L. F. S.—500 Bks.

E 35721 / 13 7721

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35721

49

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 12-19

TY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sachi Mosoop -

(a) RESIDENCE NO. 302 E. Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Mosoop

6 DATE OF BIRTH (month, day, and year) 4-1-64

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 3 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Penn

10 NAME OF FATHER Lazarus Blumenthal

11 BIRTHPLACE OF FATHER (city or town) Ger -
(State or country)

12 MAIDEN NAME OF MOTHER Carrie Weis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Reads -
(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 .....

C. HAMPSON JONES
JUL 16 192
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15-28

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1928, to July 15, 1928,

that I last saw her alive on July 15 - 1928

and that death occurred, on the date stated above, at 10 1/2 a m.

The CAUSE OF DEATH* was as follows:

Medulloplastoma & metastases

(Exploratory laparotomy May 16, 1928 &
excision of tissue for microscopic exam.)

(duration) (?) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes but not immediately Date of May 16, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Examination

(Signed) James Bordley Jr M. D.

7-16, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Israel, Philadelphia Pa

DATE OF BURIAL 7/17 1928

20 UNDERTAKER W. H. Cook

ADDRESS 1007 E. Fort Ave

...ec.—1-12-23—M&T—500 Bks.

E 35722 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35722

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N Kenwood Ave ST. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Horning.

(a) RESIDENCE NO. 112 N Kenwood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Gottfried Horning

DATE OF BIRTH (month, day, and year) Jan 12 1842

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 86 | 6 | 2 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at Home

BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Andrew Sadler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ? Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gottfried Horning (Address) 112 N Kenwood Ave

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-14th 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1928, to July 14, 1928, that I last saw her alive on July 3, 1928 and that death occurred, on the date stated above, at 12 10 A M

The CAUSE OF DEATH* was as follows:

Senile myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. H. Hamilton Jones, M. D.

7/14, 1928 (Address) 1 E Kendall Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 7-17th 1928

20 UNDERTAKER E & T C Hahn — ADDRESS 115 E Mes[illegible]

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35723 E 35723

## CERTIFICATE OF DEATH.

+117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (St.) 4-17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Buecker

(a) RESIDENCE NO. ..... Rocks, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 wks. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 13, 1909

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|
| 18 | 7 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Prof. Ball Player

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bel Air. Ball Club.

9 BIRTHPLACE (city or town) (State or country): Harford Co. Maryland.

PARENTS

10 NAME OF FATHER: Frederick Buecker.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Louise Buecker.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Ferdinand Buecker. (Address) Rocks Md.

15 Filed ..... 19 ..... Registrar

L JUL 16 1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/16 1928

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to July 16, 1928, that I last saw him alive on July 16, 1928, and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Appendicitis

Peritonitis

Intestinal obstruction

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes Date of 5/16 and 1/1/28

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. C. Zimmerman, M. D.

19 (Address) St. Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel Cemetery Jarrettsville — DATE OF BURIAL: 7/18 1928

20 UNDERTAKER: E. G. Kurtz & Son — ADDRESS: Jarrettsville, Md.

ec.—1-12-23—M&T—500 Bks.

E 35724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35724

## CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 2627 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Moselek (Marsalek)

(a) RESIDENCE NO. Not given ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) [illegible]

AGE 74 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER James —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Josephine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

Informant Relatives BALTIMORE CITY HOSPITALS [redacted]

Filed . 19 C. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15 1928

17

I HEREBY CERTIFY, That I attended deceased from 6/29, 1927, to 7-15, 1928, that I last saw her alive on 7-15, 1928 and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. X ds.

CONTRIBUTORY (Secondary) Hypertention and arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) C. Hawkes Jones M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL July 17 1928

20 UNDERTAKER Frank Brockton

ADDRESS 1900 Aliceanna

ec.—1-12-23—M&T—500 Blks.

35725

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35725

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 265 E Florence St. 13-54 (WARD)

2-FULL NAME Vernon Randolph.

(a) RESIDENCE NO. 265 E Florence ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Randolph.

DATE OF BIRTH (month, day, and year) unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 57 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Staunton Va

10 NAME OF FATHER Thomas Randolph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Phillis?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Alice Randolph

(Address) 2656 Florence St

Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14 19 28

17 I HEREBY CERTIFY, That I attended deceased from 4/16 , 19 28 , to 7/14 , 19 28 .

that I last saw him alive on 7/14 , 19 28

and that death occurred, on the date stated above, at 1 20 A m

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. 2 mos 27 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed Ben Rhulta, M. D.

7/14 19 28 (Address) 2139 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Lowe Cemetery | July 17, 1928 |
| 20 UNDERTAKER | ADDRESS 322 N. Schroeder St |
| Mrs. Katie R. Williams | |

e.—I-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35726

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No. 1 Balto Md St. 26-37 Ward)

REGISTERED NO. E 35726

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Anderson

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced (write the word) Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE 60 Years 72 Months 7/20/28 Days Hrs. If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Balto City Hospl

(Address) Race and University of Maryland

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9 19 28

17

I HEREBY CERTIFY, That I attended deceased from 5-17 19 27 to 7-9 19 28

that I last saw h live on 7-8 19 28

and that death occurred, on the date stated above, at 3:05 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lueic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann & Spinal Fluid

(Signed) Harry J. Corbett M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Potters Field DATE OF BURIAL 7/23/28

UNDERTAKER Byrnes Bagley 1218 M[illegible] ADDRESS

(Signed) Deputy Health Officer

JUL 26 192

Per Wm. E. WEBSTER

...—2-29-28—L. F. S.—500 Bks.

5727

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-001 E 35727

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3219 Fleet ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Kuhn

(a) RESIDENCE NO. 3219 Fleet ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

...gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

...ATE OF BIRTH (month, day, and year) July 13 1928

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 30 min. |
|---|---|---|---|---|
| | | | | |

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

...IRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER George A Kuhn

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Gleich

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

Informant Mrs Margaret Kuhn

(Address) 3219 Fleet St

Filed ..., 19 ...

Per ... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1928

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to July 13, 1928, that I last saw h... alive on July 13, 1928, and that death occurred, on the date stated above, at 4, a, m.

The CAUSE OF DEATH* was as follows:

5 month Foetus

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilton, M. D.

7/14, 1928 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Johns Hopkins Emb. Dept | July 13 1928 |
| 20 UNDERTAKER | ADDRESS |

Cor—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35728

## CERTIFICATE OF DEATH.

129 E 35728

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. St. Joseph Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Schellenberger

(a) RESIDENCE NO. 623 W. Balto., St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | M |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Flaherty

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Husband

(Address) 623 W. Balto., St.

15 Filed....., 19..... HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia-Nephritis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Mace M. D.

(Coroner)

7/16/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial July 17 1928

20 UNDERTAKER Henry Hoecker Sons ADDRESS 1201 E. Eager St

Spec.—1-10-21—M&T—1500 Blks.

35729

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

118 P 35729

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Gwinnald Ave ST. 25 WARD 77

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Stinger

(a) RESIDENCE NO. 1901 Gwinnald Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary S Stinger

6 DATE OF BIRTH (month, day, and year): Jan 1 1859

7 AGE: Years 69 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Miss

PARENTS

10 NAME OF FATHER: Henry Stinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Rebecca Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mary S Stinger

(Address): 901 Gwinnald Ave

15 Filed JUL 16 1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 1928

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to July 16, 1928

that I last saw him alive on July 16, 1928,

and that death occurred, on the date stated above, at 12-30 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Acute Salpingitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo M Kieffer M. D.

July 16, 1928 (Address) 2320 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Staunton Va DATE OF BURIAL 7/17 1928

20 UNDERTAKER: Edward Louden ADDRESS 2259 Eutaw

ee.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35730

## CERTIFICATE OF DEATH.

31 E 35730

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 16-26 (Ward)

2-FULL NAME Katherine Newton

(a) RESIDENCE No. 824 Vine st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1902

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to July 15, 1928, that I last saw her alive on July 15, 1928, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonic phthisis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C Smith M. D.

7-16-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 7/17/28

20 UNDERTAKER David D Easton ADDRESS 916 Cathedral

Spec.—1-10-21—M&T—1500 Bks.

E 35731

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 Pearl ST. 425 WARD) 14

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Miles

(a) RESIDENCE NO. 232 Pearl ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Jno. Miles

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE — Years: 57 — Months: — — Days: — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia

PARENTS

10 NAME OF FATHER: Jno Beam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown 7/16

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: John Miles (Address) 232 Pearl St

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1928

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 14, 1928, that I last saw her alive on July 14, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam

(Signed) Hawk E. Magruder M. D.

1928 (Address) 1006 Edmondson.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 7/17 1928

20 UNDERTAKER: Daniel Easton — ADDRESS 96 E Lexington

...c.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35732 31 E 35732

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST., 1724 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. Compton

(a) RESIDENCE NO. Same 1229 Myrtle ave

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1867

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Same

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John Compton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jane ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant BALTIMORE CITY HOSP...

(Address)

Filed ....., 19.. H. M. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/2, 1928, to 7/15, 1928, that I last saw h... alive on 7/15, 1928 and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) R. M. Block, M. D.

, 19 (Address) BALTIMORE CITY HOSP...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 7/17/28

20 UNDERTAKER David Carter & Co

ADDRESS 916

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35733

## CERTIFICATE OF DEATH.

90 E 35733

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 17-24 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sherman

(a) RESIDENCE NO. 507 Nunsen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | wed - |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of not given

DATE OF BIRTH (month, day, and year) 1878

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 50 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Georgiana

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Records CITY HOSPITALS

(Address)

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-30, 1928, to 7-17, 1928, that I last saw her alive on 7-17 1928, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Acute & Chronic

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis - Hypertension Cardiac Hypertrophy & Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patient

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) C. Stevens Burke M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | 7/17/1928 |
| 20 UNDERTAKER | ADDRESS |
| David Fastow | 916 Pa ave |

JUL 16 1928 HAMPSON JONES, M. D.

c.—2-29-28—L. F. S.—500 Bks.

15924.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35734 38 ✓ E 35734

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 42-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jerry Collins

(a) RESIDENCE NO. 433 E 27 st. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | widowed |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 11/18/66

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 62 | 7 | 27. | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) — (State or country) unknown

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) — (State or country) unk

Informant Record

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 1928.

17

I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to July 15, 1928, that I last saw him alive on July 15, 1928, and that death occurred, on the date stated above, at 5 20 A m.

The CAUSE OF DEATH* was as follows:

Syphilis. Syphilis of the aorta with aneurysm of the descending arch. Rupture of aneurysm into bronchus. Cirrhosis.

(duration) Unknown yrs. mos. ds.
Years.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray

(Signed) James Bordley III, M. D.

7-15, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

20 UNDERTAKER David D Easton

DATE OF BURIAL 7/18 1928

ADDRESS 916 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 35735

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35735

## CERTIFICATE OF DEATH.

REGISTERED NO. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 N. Gilmor St. (WARD) 19-27

2-FULL NAME Sarah Pitchford -

(a) RESIDENCE NO. 111 N. Gilmor St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: John Pitchford

6 DATE OF BIRTH (month, day, and year): 12/25/1887

7 AGE: Years 40 Months 5 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General

(b) General nature of industry, business, or establishment in which employed (or employer): Housework -

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Keysville - Virginia

PARENTS

10 NAME OF FATHER: Al Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Keysville Virginia

12 MAIDEN NAME OF MOTHER: Bettie Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Keysville Virginia

14 Informant: Annie Pitchford (Address) 111 N. Gilmor

15 Filed ..., 19... RMH. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/16 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/2, 1928, to 7/16, 1928, that I last saw her alive on 7/15 1928, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) — yrs. 7 mos — ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Johns Hopkins Hospital

(Signed) D and Francis M.D.

7/16 1928 (Address) 122 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn | DATE OF BURIAL: 7/17/1928

20 UNDERTAKER: Dent Easton Dent | ADDRESS 96

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35736

## CERTIFICATE OF DEATH.

E 35736

1-PLACE OF DEATH

City of BALTIMORE: (No. 3526 Benson St. 13-52 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. A Livingston

(a) RESIDENCE NO. 3526 Benson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~

6 DATE OF BIRTH (month, day, and year): Jan 15, 1906.

7 AGE: Years 22 Months 6 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): ~

(c) Name of employer

9 BIRTHPLACE (city or town): md.

(State or country)

PARENTS

10 NAME OF FATHER: James H Livingston

11 BIRTHPLACE OF FATHER (city or town): md

(State or country)

12 MAIDEN NAME OF MOTHER: Late Lula Vogal

13 BIRTHPLACE OF MOTHER (city or town): md.

(State or country)

14 Informant: James H Livingston

(Address): 3526 Benson St

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to ~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(duration) yrs. mos. ds.

July 15 1928 (Signed) G C Wade M. D.

(Coroner)

(Address) 1143 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: July 17 1928

20 UNDERTAKER: Chenoweth Son — ADDRESS: 3615 Chestnut Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35737

## CERTIFICATE OF DEATH.

74001 E 35737

1-PLACE OF DEATH

City of BALTIMORE: (No. 726 Pacific St. 1351 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Meade

(a) RESIDENCE NO. 726 Pacific St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Meade

6 DATE OF BIRTH (month, day, and year) April 20, 1862

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 66 | 2 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Herman Meade

(Address) 726 Pacific st.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

Signed July 16 1928 G. C. Wade, M. D.

(Coroner)

(Address) 4361 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel md. Date of Burial July 18 1928

20 UNDERTAKER E Renowell Son

ADDRESS 3615 Chestnut Ave

Spec.—1-12-23—M&T—500 Bks.

E 35738 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 35738

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Ellin ST. 14-20 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Jackson.

(a) RESIDENCE NO. 1919 Ellin ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 70 | Months — | Days — | If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic.
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Abraham Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Dolly Rand

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Effie Dickson
(Address): 1919 Ellin St.

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1928

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to July 15, 1928, that I last saw h[illegible] alive on July 15, 1928, and that death occurred, on the date stated above, at 5.15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown M. D.

7/15/1928 (Address) 1837 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL 7/18/1928

20 UNDERTAKER: Wm. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Cor.—12-1-25—A Co.—200 lbs.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35739

## CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3117 Virginia St. 27-16 Ward)

2-FULL NAME Peter W. McCabe

(a) RESIDENCE NO. 3117 Virginia St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of

6 DATE OF BIRTH (month, day, and year) Apl 1 1867

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 61 | 3 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: agt.

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Em-

(c) Name of employer: Nelson Co.

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER James McCabe

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ryan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Margaret McCabe

(Address) 3117 Virginia ave.

15 Filed_____, 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Edema

(duration) yrs. mos. 1 ds.

Signed July 6/28 C. G. Yaden, M. D. (Coroner)

18 (Address) 1431 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harford, Conn Date of Burial 7/17 1928

20 UNDERTAKER J. F. Moran ADDRESS 39 E Balto

OF DEATH in plain terms. very important. See instructions on back of

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35740

## CERTIFICATE OF DEATH.

E 35740

REGISTERED NO. 113

1-PLACE OF DEATH

City of BALTIMORE: (No. 753 Dover St. 21-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gloria Simms

(a) RESIDENCE NO. 753 Dover St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Dec 6 - 1926

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas Simms

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Md.

12 MAIDEN NAME OF MOTHER Daisy Spriggs

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Md.

14 Informant Mr. Thomas Simms

(Address) 753 Dover St

15 Filed.....19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Gilbert M. D.

(Coroner)

7/16, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 7/17 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Ea ave

WM. H. HANSON

Dec.—1-12 23—M&T—500 Bks.

35741 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35741

CERTIFICATE OF DEATH. 172-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1608 (ST.) Holbrook St (WARD) 9-18

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Furlong

(a) RESIDENCE (Usual place of abode) No. 1608 Holbrook St ST., WARD

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds. (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Furlong

DATE OF BIRTH (month, day, and year): Nov. 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 74 | 8 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Police

(b) General nature of industry, business, or establishment in which employed (or employer): 061

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Harford Co Md

10 NAME OF FATHER: H. Furlong

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md

12 MAIDEN NAME OF MOTHER: Anna Rossiter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Alice P. Furlong

(Address) 1608 Holbrook St

15 Filed JUL 17 1928, 19 C. HAMPSON JONES M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1928, to July 15, 1928, that I last saw him alive on July 15, 1928, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) Not definitely ascertained yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden, M. D.

7/17, 1928 (Address) 1246 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cemetery Harford Co

DATE OF BURIAL: 7/18 1928

20 UNDERTAKER: George J. Ruth

ADDRESS: 1735 Harford Ave

ee.—1-12-23—M&T—500 Blks.

E 35742 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-01 E 35742

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 24-33 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. Bolander Jr

(a) RESIDENCE NO. 621 Harvey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | — |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 24 1927

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 4 | 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John G. Bolander Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Lydia Isaac

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Md

Informant Mrs. John G. Bolander

(Address) 280 E. Fort Ave.

Filed JUL 17 1928 C. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/28

17

I HEREBY CERTIFY, That I attended deceased from 6/15, 1928, to 7/15, 1928.

that I last saw h in alive on 7/15/28, 1928,

and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Septicemia (Pneumococcic)

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia — emphysema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/8/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Pathological

(Signed) Charles F. Gill, M. D.

7/15 1928 (Address) University Hospital.

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL July 17 1928

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

3-29-28—L. F. S.—500 Blks.

E 35743 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-00 E 35743

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 414 N. Chapel ST., 6 9 WARD)

2—FULL NAME Mary Horn.

(a) RESIDENCE NO. 414 N. Chapel ST., 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| emale | White | Single |

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) July 16 1928

| GE | Years | Months | Days | If LESS than 1 day 17 hrs. or min. |
|---|---|---|---|---|
| | | | | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Balto. Md.
State or country)

0 NAME OF FATHER Alexander Horn

1 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

2 MAIDEN NAME OF MOTHER Theresa Ruppel

3 BIRTHPLACE OF MDTHER (city or town) Balto. Md.
(State or country)

Informant Alexander Horn Father
(Address) 414 N. Chapel St.

Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-16, 1928, to 7-17, 1928

that I last saw h 21 alive on 7 16, 1928

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cremation Birth
about 6 mos.

(duration) yrs. mos. 1 ds.

CONTHIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Koch, M. D.

7/17 19 28 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cem. | July 19 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly & Gaile Inc. | 403 S. Wolfe St |

E 17 10 HAMPSON JONES M.D.

Dec.—6-9-19—H. P. Co.—1000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35744

## CERTIFICATE OF DEATH.

E 35744

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1105 N. Wolfe (St.) 8-17 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amos Warren

(a) RESIDENCE. No. 1105 N. Wolfe St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Warren

6 DATE OF BIRTH (month, day, and year): January 1895

7 AGE — Years: 33 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Amos Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Tina Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Helen Warren
(Address) 1105 N. Wolfe St

15 Filed JUL 17 1928, 19.... C. HAMPSON JONES M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/7, 1928, to 7/13, 1928, that I last saw him alive on 7/16/28, 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct 1927

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) [illegible] M. D.

19 (Address) 1114 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: July 17 1928

20 UNDERTAKER: Mrs. P. G. Elliott — ADDRESS: 172 Ashland Ave

Spec.—1-10-21—M&T—1500 Blks.

E 35745 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35745

## CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Annie Engel

(a) RESIDENCE NO. 400 N. Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-19-1894

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 33 | 11 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Michaels Md.

PARENTS

10 NAME OF FATHER Fred Engel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER M. Mosher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

11 Informant Mr. Engel. (Address) St. Michaels Md.

15 Filed JUL 17 1928 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1928

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 16, 1928, that I last saw her alive on July 16, 1928, and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - Right side

(duration) ... yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 400 N. Fremont Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ... M. D.

July 16 1928 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michaels Md. DATE OF BURIAL 7/19 1928

20 UNDERTAKER Milton E. Grason ADDRESS E. 37th

Post SHC

...c.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35746

## CERTIFICATE OF DEATH

44 ✓

E 35746

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1416 N. Collington Ave. ST., 8-16 WARD)

2—FULL NAME Margaret M. Reilly

(a) RESIDENCE NO. 1416 N. Collington Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. 4 mos. 19 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Widow |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George A. Reilly.

DATE OF BIRTH (month, day, and year) February 26 1878

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 4 | 19 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Frank Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Mr. Frank Reilly

(Address) 1416 N. Collington Ave

Filed JUL 17 1928 19 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1928

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to July 15, 1928, that I last saw h[illegible] alive on July 15, 1928 and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs
" " Brain
" " Liver

(duration) yrs. 4 mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? X Ray & Path specimen

(Signed) Thos F. A. Stevens, M. D.

7/16, 1928 (Address) 2028 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | July 18 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hoen & Son | 1301 E Eager St |

ec.—1-12-23—M&T—500 Bks.

E 35747

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 35747

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil Apartments ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Williams Parsons

(a) RESIDENCE NO. Cecil Apartments ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Several yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick J. Parsons

DATE OF BIRTH (month, day, and year) August 28, 1851

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 10 | 18 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Caernarvonshire

(State or country) North Wales

10 NAME OF FATHER William Williams

11 BIRTHPLACE OF FATHER (city or town) Bangor

(State or country) North Wales

12 MAIDEN NAME OF MOTHER Grace Samuels

13 BIRTHPLACE OF MOTHER (city or town) Bangor

(State or country) North Wales

Informant Mrs. Grace P. Hayes

(Address) Cecil Apartments

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5/3, 19 28, to 7/16, 19 28;

that I last saw her alive on 7/16, 19 28

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs 1 mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. H. Woods, M. D.

7/16 1928 (Address) 1403 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Buffalo, N. Y.

DATE OF BURIAL July 18 19 28

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St

E 35748

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35748

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Arch & Lexington St. 11-25 Ward) Registered No. C. 1655

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Kelly

(Residence in Baltimore: No. Spring Grove State Hospital; yrs. ..... mos. ..... ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-DATE OF BIRTH, Unknown 1... (Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Guard
(b) General nature of industry, business, or establishment in which employed (or employer). Spring Grove State Hospital

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary A. Jones

(Address) 119 N. Fremont Ave

15-

Filed JUL 7 1928 192 C. HARPSON JONES, M. D. Registrar.

Per .....

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 12 1928. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Poisoned by Chloral (Suicide)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Feller M. D. (Coroner)

7/13 1928 (Address) 2737 Eastern Ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Peters Cem. DATE OF BURIAL. ..... 19...

20-UNDERTAKER. John J. Lawrence Son ADDRESS 90 Hollins

Cor.—12-9-25—A Co.—200 Bks.

E 35749 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35749

## CERTIFICATE OF DEATH.

182

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier 4 Pratt St. St., 12-50 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur W. W. Tilghman Jr

(a) RESIDENCE NO. 3189.21 St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1908

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 10 | 6 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER A. W. W. Tilghman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER M. Slindecamp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant A. Slindecamp Tilghman

(Address) 3189.21

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 — 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pernicious anaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

July 16, 19 25 Signed W. J. Gray (Coroner) M. D.

(Address) 1639 Bradun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. †See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial 7/18 1928

20 UNDERTAKER H. M. Cook ADDRESS 502 E. North Ave

JUL 17 1928 HARRY JONES

c.—2-29-28—L. F. S.—500 Bks.

E 35750 HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Pickard 3201 St Paul St

129 E 35750

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 9 Vineyard Lane ST. 12-50 (WARD)

2—FULL NAME Emma N. Thorman

(a) RESIDENCE NO. 9 Vineyard Lane ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W. | Married |

If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles F. Thorman

DATE OF BIRTH (month, day, and year) May 30 1869

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 1 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Delaware

10 NAME OF FATHER Samuel Hollett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Martha Carrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del

Informant Sarah J. Phillips

(Address) 9 Vineyard Lane

Filed ..... 19 ..... HARRISON JONES, Registrar

By .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 1928

17 I HEREBY CERTIFY That I attended deceased from July 26 to July 15 19 28

that I last saw h[illegible] alive on July 15 19 28

and that death occurred, on the date stated above, at 10 24 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gustafson Albumen

(Signed) N. E. Pickard M. D.

7/16 19 28 (Address) 3201 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | July 17 19 28 |

20 UNDERTAKER W. H. Cook ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

E 35751

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

× 188 28 35751

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St. 9-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley K. Mitchell

(a) RESIDENCE NO. Morley, Md. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| m | w | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Mitchell

6 DATE OF BIRTH (month, day, and year) July 5/1878

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 50 | 0 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Timekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Ordinance Dept.

(c) Name of employer U.S.Government

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Anna -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. MinnieMitchell (Address) Morley, Md.

15 Filed..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-fell from wagon
Accidental. (No fracture found)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Mace (Coroner) M. D.

(Address) 7/27/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL United State National Cemetery Date of Burial 7/18 1928

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

Spec.–7-17-26–A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35752

## CERTIFICATE OF DEATH

74 001 E 35752

1-PLACE OF DEATH

REGISTERED NO. 27-41

City of BALTIMORE: (No. 4020 Ridgecroft Road, Gardenville St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick H. Schwear

(a) RESIDENCE NO. 4020 Ridgecroft Road, Gardenville St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Abt. 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Schwear

6 DATE OF BIRTH (month, day, and year): June 21, 1851

7 AGE: Years 77 Months Days 24 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Schluderberg Kurdle Co.

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Scheurman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Minnie Schwear

(Address): 4020 Ridgecroft Road

15 Filed JUL 17 1928 19 C. HAMPSON JONES, M. D. Registrar

Per EHS.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 15, 28.

17 I HEREBY CERTIFY, That I attended deceased, from March 14, 19 28 to July 15, 19 28, that I last saw h[illegible] alive on July 15, 19 28, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Arteri-Sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence Symptoms

(Signed) Edward Beeton, M. D.

7/16, 19 28 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

20 UNDERTAKER: Frederick Lassahn & Son

Date of Burial: July 18 19 28

ADDRESS: Fullerton

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35753

## CERTIFICATE OF DEATH

74001

E 35753

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3016 E. Evergreen ST. 47-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas E. Mackessy

(a) RESIDENCE NO. 3016 E. Evergreen ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Mackessy

6 DATE OF BIRTH (month, day, and year) 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 62 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Distiller

(b) General nature of industry, business, or establishment in which employed (or employer) Stand Alone

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edw. Mackessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER I don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire

14 Informant Mary E. Mackessy

(Address) 3016 Evergreen ave

15 Filed ....., 19.... WILLIAM H. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1925

17 I HEREBY CERTIFY That I attended deceased from June 12, 1925, to July 14 1925.

that I last saw h.. alive on July 14, 1925

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. Brown, M. D.

July 15, 1925 (Address) 706 Hoyt Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cem | 7/18 1925 |

20 UNDERTAKER J. A. Moran ADDRESS 300 E. Balto.

Cor.—12-9-25—A Co.—200 Bks.

E 35754

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

159-002

E 35754

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 531 S. Carolina St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Jackson

(a) RESIDENCE NO. 531 S Carolina St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): July 15 1928

7 AGE — Years — Months — Days: 2

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto City

PARENTS

10 NAME OF FATHER Arden Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Mamie Tucker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cambridge Md

14 Informant Mamie Jackson

(Address) 531 S Carolina

15 Filed 19

Registrar

7/17/1928 C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fraunan Ovale

Congenital

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Congenital

(duration) yrs. mos. ds.

(Signed) James M Anderson M. D.

(Coroner)

7/17 1928 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial July 19 28.

20 UNDERTAKER Wendell Lapp ADDRESS 3004 Colado

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35755

## CERTIFICATE OF DEATH.

24-001

E 35755

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2501 Harlem Ave ST. 16-64 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Craig

(a) RESIDENCE NO. 2501 Harlem Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernard Craig

6 DATE OF BIRTH (month, day, and year) 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 74 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daniel Craig

(Address) 2501 Harlem Ave

15 Filed 19 C. HAMILTON JOHNS, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1928

17

I HEREBY CERTIFY, That I attended deceased from June 1 1928 to July 16 1928,

that I last saw h[illegible] alive on July 15 1928,

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy)

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

9-17 19 28 (Address) 108 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL 9-18-28.

20 UNDERTAKER H. Fahey & Sons

ADDRESS 1527 W Fayette St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35756

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

183

E 35756

REGISTERED NO.

City of BALTIMORE: (No. 409 Fawcett Street. St. 17-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward E. Bressler.

(a) RESIDENCE NO. 409 Fawcett Street. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22. yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white.

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of XXXXXXXXX Mildred Bressler.

6 DATE OF BIRTH (month, day, and year): July, 16/1900.

7 AGE: Years 28; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakeman.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: P.R.R.

9 BIRTHPLACE (city or town): York Co.

(State or country): Pa.

PARENTS

10 NAME OF FATHER: Edward R. Bressler.

11 BIRTHPLACE OF FATHER (city or town): York Co.

(State or country): Maryland Pa

12 MAIDEN NAME OF MOTHER: Alice Kinard.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Pa.

14 Informant: Mildred Bressler.

(Address) 409 Fawcett St.

15 Filed ..... 19 ..... HARRY JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July/16/28.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound of Chest. Accidental

(Duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

July 18/28 (Signed) G E Stader — M. D.

(Coroner)

.19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery. Date of Burial: July 19/28.

20 UNDERTAKER: J. Slater. Paris. 3307. Paine. S. ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35757

## CERTIFICATE OF DEATH.

118-203 E 35757

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Bernice Leonard.

(a) RESIDENCE NO. 319 Lyndhurst St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. — mos. 28 (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): June 19-1919

7 AGE: Years 9 — Months — Days 28 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Paul D Leonard

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Nora E. Nuzum

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Paul D. Leonard

(Address): 319 Lyndhurst St

15 Filed ..... 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19th 1928

17 I HEREBY CERTIFY, That I took charge of remains described above, held an Inquest.

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of Brain.

(duration) 1 yrs. — mos. One ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Lusk M. D.

(Coroner)

July 19th 1928 (Address) 1015 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral (Cem.) Date of Burial July 19 1928

20 UNDERTAKER: Margaret G Flynn ADDRESS 1422 Light

...ro.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35758

## CERTIFICATE OF DEATH.

12 9 E 35758

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1938 E. Lafayette Ave (St.) 19 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Fanning

(a) RESIDENCE NO. 1938 E. Lafayette Ave (St.) ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred fifty yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Bessie F. Fanning

DATE OF BIRTH (month, day, and year) Oct. 31st 1868

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 59 | 8 | 16 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Funeral Director

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Fanning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Chaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 Informant Harry W. Fanning
(Address) 1938 E. Lafayette Ave.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Some Grass, ..., 19 ..., to July 16 28, 19 ..., that I last saw h alive on July 15 28, 19 ..., and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia

Some grass (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acute Lumbago (duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W. J. Riley, M. D.

July 17 19 ? (Address) 1654 Bursary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL July 19 1928

20 UNDERTAKER Margaret G. Flynn — ADDRESS 1422 Light St.

...THAN JONES, M. D.

c.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35759

## CERTIFICATE OF DEATH

57 E 35759

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 2502 Jefferson ST., 7-10 (WARD)

2—FULL NAME Frank L. Rich

(a) RESIDENCE NO. 2502 Jefferson ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Lillian K. Rich

ATE OF BIRTH (month, day, and year) April 15/1864

| GE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 3 | 0 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager of Clothing Store

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Elizabeth Lillian K. Rich

(Address) 2502 Jefferson St.

Filed ... 19 ... Registrar

C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15/28

17 I HEREBY CERTIFY, That I attended deceased from June ..., 1928, to July 15, 1928, that I last saw h... alive on June 14, 1928 and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of Heart

Duration ... 1 ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Duration ... 1 ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. F. Tenny, M. D.

19 ... (Address) 622 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cemetery | July 19 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm. F. Miller & Son | 2334 Gilmore |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35760

## CERTIFICATE OF DEATH.

129 E 35760

1-PLACE OF DEATH

City of BALTIMORE: (No. 21 W. Hill St. 12-31 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Lively.(C)

(a) RESIDENCE NO. 21 W. Hill St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ dy. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | Colored | Married. |

5a If married, widowed or divorced, WIFE of HUSBAND of Gertrude Lively.(C)

6 DATE OF BIRTH (month, day, and year) July 16, 1882

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | 0 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Do not know.

14 Informant Gertrude Lively(C) wife.

(Address) 21 W. Hill St.

15 Filed_____, 19____ C. HAMPSON JONES, M.D. Registrar

JUL 18 1928 By_____

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. M. Bernard M. D.
(Coroner)

7/17 1928 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial July 18, 28

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Hanover Ave

Spec.–7-17-26—A Co.—200 Bks.

E 35761

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-09 E 35761

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen'l Hosp. St. W 5th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Forester #2.

(a) RESIDENCE NO. 608 E. 30th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 7/16/28

7 AGE — Years: 0 Months: 0 Days: 0 IF LESS than 1 day 2 hrs. or 22 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town): Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER: Milton Forester

11 BIRTHPLACE OF FATHER (City or town): Baltimore, Md

(State or country)

12 MAIDEN NAME OF MOTHER: Ann Kelly

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Md

(State or country)

14 Informant: Hospital Record

(Address)

15 Filed JUL 19 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/16/28 19

17 I HEREBY CERTIFY, That I attended deceased from July 16, 19 28, to July 16, 19 28, that I last saw h[illegible] alive on July 16, 19 28, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 mo).

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary): Intoxication

(duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Hampson Jones M. D.

19 (Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saint Mary Govanstown — Date of Burial: July 18, 1928

20 UNDERTAKER: John A. Moran — ADDRESS: 3000 E. Balt St.

Spec.–7-17-26—A Co.—200 Bks.

E 35762

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-00 E 35762

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland Gen'l Hosp St. 9th (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Forrester

(a) RESIDENCE NO. 608 E. 30th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 7/16/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day 5 hrs. or 2 min.. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Milton Forester

11 BIRTHPLACE OF FATHER (City or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Ann Kelly.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

14 Informant Hospital Record.

(Address)

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar

JR 1927 EHS

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/16/28 19

17 I HEREBY CERTIFY, That I attended deceased from July 16, 19 28, to July 16, 19 28, that I last saw h SR alive on July 16, 19 28, and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 mo).

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Sanitarium

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Jno A Monahan M. D.

19 (Address) 1 W Gaudy

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Saint Mary's, Govanstown — Date of Burial July 18 1928

20 UNDERTAKER John A. Moran — ADDRESS 3001 E. Balto St.

Spec.–7-17-26–A Co.–200 Bks.

E 35763

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 35763

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 522 W. Conway St. 22-30 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert H. Hartlaner

(a) RESIDENCE NO. 522 W. Conway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Hartlaner

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 70 Months Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): odd

(c) Name of employer

9 BIRTHPLACE (city or town): York.

(State or country) Pa.

PARENTS

10 NAME OF FATHER: Henry Hartlaner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) no

12 MAIDEN NAME OF MOTHER no

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) no.

14 Informant: Annie Hartlaner

(Address) 1615 E. Edmondson Ave

15 Filed ..... 19 .....

OCT 18 1928 C. HARRISON JONES M.D.

Registrar

Per .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 10, 19 28, to July 16, 19 28,

that I last saw h— alive on July 15, 19 28

and that death occurred, on the date stated above, at 9 00 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocardial Degeneration

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

7/16 (Signed) John A. Krebanowsky M. D.

19 28 (Address) 642 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: July 18 1928

20 UNDERTAKER: John Greblianeka — ADDRESS: 423 S. Paca St.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

DAES

E 35764

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31

REGISTERED NO. E 35764

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 N. Dallas ST. 6 (WARD) 9

2-FULL NAME Joseph M. Daes Jr.

(a) RESIDENCE (No.) 116 N. Dallas ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 3-1907 1907

7 AGE: Years 20 Months 9 Days 11 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Daes

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Elvania Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Elizabeth Harden.

(Address) 116 N. Dallas St.

15 Filed 7-18-1928 HARRISON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1928

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to July 15, 1928, that I last saw him alive on July 10 1928 and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Pneumonia.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Gentry, M. D.

7/15, 1928 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cemetery DATE OF BURIAL: July 18 1928

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 446 N. Caroline St.

Cor.—12-9-25—A Co.—200 Bks.

E 35765

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

182 ✓ E 35765

1-PLACE OF DEATH

City of BALTIMORE: (No. Stoney Creek A.A.Co.Md. St. 20-69 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine C. Richter.

(a) RESIDENCE NO. 413 Furrow St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 1, 1916.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 12 | 1 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Christian Richter.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Paul.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Margaret Richter. (mother)

(Address) 413 Furrow St.

15 Filed_____, 19____

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning while in bathing.

(duration) ____yrs. ____mos. ____ds.

CONTRIBUTORY (Secondary)

(duration) ____yrs. ____mos. ____ds.

(Signed) Otto F. Eisenhardt M. D.
(Coroner)

7/17 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem. Date of Burial July 18 1928

20 UNDERTAKER Charles W. Dill ADDRESS 3109 Greenmount Ave.

WILLIAM JONES M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35766

188-103

E 357866

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (Penna Ave & Laurens) 15-68 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Seidel.

(a) RESIDENCE NO. 1536 Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Sept 15-1912-

7 AGE — Years: 15 Months: 10 Days: 2 IF LESS than 1 day.....brs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Abraham Seidel

11 BIRTHPLACE OF FATHER (city or town): Russia.

(State or country)

12 MAIDEN NAME OF MOTHER: Rosie Senson

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant: Abraham Seidel

(Address) 1536 Pulaski

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Auto Truck.

Immediate (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) F. C. Luck M. D.

(Coroner)

(Address) 1211 Penna Ave & Laurens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hillcrest Wash. Road — Date of Burial 7-18-1928

20 UNDERTAKER: Jack Kruse — ADDRESS 1429 E Baltimore

THOMPSON JONES M D

15 Filed ..... 19 .. Registrar

20 UNDERTAKER George A. Weber ADDRESS 2205 Bank st

Spec.—1-12-23—M&T—500 Bks.

E 35767

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1-3 WARD)

2-FULL NAME John Drozd or Droat

(a) RESIDENCE NO. 2117 Bank ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria

6 DATE OF BIRTH (month, day, and year) 1858.

| 7 AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Victoria

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant BALTIMORE CITY HOSPITALS

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to 7-17, 1928, that I last saw him alive on 7-17, 1928, and that death occurred, on the date stated above, at 6 15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr. & Acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertention, arteriosclerosis Emphysema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) C. Holmes Smith M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL July 20 1928

ec.—1-12-23—M&T—500 Bks.

E 35768

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 35768

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 224 N. Front St ST. 5-8 WARD)

2-FULL NAME Isaac Solomon Epstein

(a) RESIDENCE No. 224 N. Front St ST., ..... WARD .....
(Usual place of abode)
(If non-resident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | Married |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarina Riva Epstein

DATE OF BIRTH (month, day, and year) 1848

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Daniel Epstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachael

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Paul Garden
(Address) 224 N Front St

15 Filed ..... 19 .....

Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to July 16, 1928.

that I last saw h alive on July 16, 1928

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kaplan, M. D.

19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem DATE OF BURIAL July 18 1928

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

HARRISON JONES, M

Spec.—1-12-28—MAT—500 Blks.

35769

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 M 35769

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 S. Charles ST. 23-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. Koerner

(a) RESIDENCE No. 1207 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Much yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Koerner

6 DATE OF BIRTH (month, day, and year) Nov 9 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 76 | 68 | 8 | 9 | 8 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Koerner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Maria Koerner (Address) 1207 S. Charles St

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to July 17, 1928, that I last saw him alive on July 17, 1928, and that death occurred, on the date stated above, at 5.00 A m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John L. Schwenk, M. D.

, 19 (Address) 1337 S Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A. A. Co. DATE OF BURIAL July 20, 28

20 UNDERTAKER Fred A. Kramer & Son ADDRESS 703 Hanover

1926 C. HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 35770

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 35770

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No.) 6010 Foster Ave ST. [illegible] WARD 21

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ada Mary Wheeler

(a) RESIDENCE NO. 6010 Foster Ave. ST., 27th WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Snowden Wheeler

6 DATE OF BIRTH (month, day, and year): Dec. 27, 1855

7 AGE — Years: 72 Months: 6 Days: 17 If LESS than 1 day, hrs. or min. 25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 637

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Elias Chalk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unionville Bridge Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth A. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chestnut Ridge Md.

14 Informant (Address): Ralph Wheeler 6010 Foster ave

15 Filed ..... 19 ..... Registrar

[illegible] G. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17 1928

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 17, 1928, that I last saw her alive on July 17, 1928, and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) { Chronic Myocarditis / Arterio Sclerosis (duration) One yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Tests

(Signed) William E. Cole M. D.

7-17 1928 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL July 20, 19 28

UNDERTAKER: [illegible] & Mitchell Son ADDRESS 1900 Eutaw Place

Spec. 12-9-25 A Co. 200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35771

## CERTIFICATE OF DEATH.

91-002 E 35771

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 531 Bouman St., or (Ward) 20th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos Hartley

(a) RESIDENCE NO. 531 S Bouman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 4 1839

| 7 AGE Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 88 | 11 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Thos. Hartley

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. Mary Kingsmore

(Address) 531 S. Bouman St.

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 28 to July 17, 19 28,

that I last saw h... alive on July 17, 19 28,

and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Senile Decay

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Lobular

(duration) 2 wks yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 28 (Address) 1000 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial July 19 1928

20 UNDERTAKER George W. Schwab ADDRESS 1101 Eutaw Ave.

Cor.—12-9-25—A Co.—200 Bks.

E 35772

# HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓ E 35772

## CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 205 N. Bond St St. 6-9 Ward)

2-FULL NAME Gladys Batten

(a) RESIDENCE NO. 205 N. Bond St St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | Col | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Batten

6 DATE OF BIRTH (month, day, and year) 1904

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 24 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Dennis Edwards

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary _oodman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant James Edwards (Bro)

(Address) 205 N. Bond St

15 Filed ....4..... 19 _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis-(Probably coronary)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Price M. D.
(Coroner)

7/17/28 (Address) 508 E.North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Port News V.a Date of Burial July 17, 28

20 UNDERTAKER Edward Bryan ADDRESS 631 orleans st

Spec.—1-12-23—M&T—500 Bks.

E 35773

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35773

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 74-001

CITY OF BALTIMORE: (No. [redacted] ST., 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Mitchell

(a) RESIDENCE NO. 1725 Mc Culloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Robert

6 DATE OF BIRTH (month, day, and year) 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 45 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hiram Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER Eliza (City or town) Md (State or country)

14 Informant (Address) Records

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-16 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-26, 1928, to 7-16, 1928, that I last saw her alive on 7-16, 1928, and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, N Hemiplegia, Septo

(duration) yrs. mos 2 2 ds.

CONTRIBUTORY (Secondary) Hypertension

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) A. M. Stark, M. D.

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL July 28 1928

20 UNDERTAKER Edward Bryan — ADDRESS 1681 orleans st

Cor.—12-9-25—A Co.—200 Bks.

35774 C

# HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002 E 35774

## CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 5-4 Ward)

2-FULL NAME Catherine Kennedy

(a) RESIDENCE NO. 213 N. Spring St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27/26

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 8 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md

PARENTS

10 NAME OF FATHER Willie Kennedy

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Martha James

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) N.C.

14 Informant William Kennedy

(Address) 1611 Orleans St.

15 Filed _____, 19 _____ HAMPSON JONES M. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

GeneralPeritonitis

Intestinal Obstruction

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____

(duration) ....yrs. ....mos. ....ds.

(Signed) _____ M. D.

(Coroner)

7/17/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery Date of Burial July 25 1928

20 UNDERTAKER Edward Borjas ADDRESS 1691 orleans st

...ec.—2-29-28—L. F. S.—500 Blks.

15-882 E 35775

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

3T-001 E 35775

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Taylor Harris

(a) RESIDENCE NO. 115 N. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 12-24-26

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 1 | 7 6 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER Freeman Harris

11 BIRTHPLACE OF FATHER (city or town) Ga.
(State or country)

12 MAIDEN NAME OF MOTHER Carrie Taylor

13 BIRTHPLACE OF MOTHER (city or town) Ga.
(State or country)

Informant Record

(Address) JOHNS HOPKINS HOSPITAL

Filed ——— 19 ———

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16-28

17

I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 16, 1928,

that I last saw her alive on July 16, 1928

and that death occurred, on the date stated above, at 10 P.M. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

1

(duration) 7 days yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gen. Examinations.

(Signed) C. C. Goodwin, M. D.

7/17, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| asbury cemetery | July 19, 1928 |
| 20 UNDERTAKER Edward Bryan | ADDRESS 1681 orleans st |

JUL 18 1928

C. HAMPSON JONES, M. D.

pec.—1-12-23—M&T—500 Bks.

E 35776 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35776

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 13-57

CITY OF BALTIMORE: (No. 1406 Dellwood ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A Smith

(a) RESIDENCE No. 1406 Dellwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Widower |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael E Smith

DATE OF BIRTH (month, day, and year) Nov 9 42

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 85 | 8 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill work

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ward.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Jesse Yingling

(Address) 1406 Dellwood.

15 Filed ..... 19 ..... Registrar

C HARRISON JONES, M. D.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 16, 1928, that I last saw him alive on July 16, 1928 and that death occurred, on the date stated above, at 4 45 P m

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexia

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Second attack

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edward [illegible] M. D.

7/15 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Hill Md

DATE OF BURIAL July 19 1928

20 UNDERTAKER W M Rowton

ADDRESS 2223 E N Ave

Cor.—12-9-25—A Co.—200 Bks.

E 35777

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35777

## CERTIFICATE OF DEATH.

183

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 424 Parrish St., 14-26 Ward)

2-FULL NAME Irvin E. Cooper

(a) RESIDENCE NO. 425 So Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25 1918

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 10 | | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Jas. W. Cooper

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Katherine Masingo

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Jas. W. Cooper

(Address) 425 So. Gilmor St

15 Filed ..... 19 .....

Registrar

E 10 1926 C. HAMPSON JONES, M.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, aforesaid, find that said deceased came to his death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage Left Lung —

(duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) Shot by playmate

(duration) hrs. mos. ds.

July 16 1928 (Signed) Wm. B. Fenton M. D. (Coroner)

(Address) Curtis Bay Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial July 19 1928

20 UNDERTAKER Josiah Syfer ADDRESS 601 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

E 35778

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35778

## CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 N. Calvert St. ST. 12-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Martin

(a) RESIDENCE NO. 1604 N. Calvert St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen T. White

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 6 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George A. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Ann Coats

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia, Pa.

14 Informant Miss Marie H. Martin

(Address) 1604 N. Calvert St.

15 Filed JUL 19 1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from October 28, 1927 to July 17, 1928, that I last saw him alive on July 17, 1928 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. Newcomer, M. D.

7/18, 1928 (Address) 24 W. Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 7/20 1928

20 UNDERTAKER Henry U. Mears & Son

ADDRESS ...ERS E. Cal

ec.—1-12-23—M&T—500 Bks.

E 35779 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. E 35779

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 1-24 REGISTERED NO. 90

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Harris

(a) RESIDENCE NO. 901 Pennsylvania ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1842

AGE Years 86 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hauling 023

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Colored

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Richard Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant BALTIMORE CITY HOSPITALS [redacted]
(Address)

15 Filed ..... , 19 ..... Registrar C. HAMPSON JONES, M. D.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15 1924

17 I HEREBY CERTIFY, That I attended deceased from 6/16, 1924, to 7/15, 1924, that I last saw h[e] alive on 7/15, 1924 and that death occurred, on the date stated above, at 2.45 P.M.

The CAUSE OF DEATH* was as follows:

Generalized tuberculosis
Chronic bronchitis.
Senility Symptomatic

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) P. M. Hirsh, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See [illegible] side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. DATE OF BURIAL July 18 1924

20 UNDERTAKER Samuel Brinsley ADDRESS [redacted]

Spec.—1-10-21—M&T—1500 Blks.

E 35780

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35780

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 10-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Pierce Jr.

(a) RESIDENCE NO. 1103 S. Preston ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/17/1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | 8 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) — fdd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Samuel Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hosp Records

15 Filed ... 19 ... Registrar

L 18 1928 HARRISON JONES, M. D. Per EKS

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 17, 1928, that I last saw h alive on July 17, 1928, and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Bacillary Dysentery

(duration) yrs. ... mos 12 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M Hendrix, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Claybank wharf Va. | DATE OF BURIAL 7/19/28 19

20 UNDERTAKER George D Pitts Dog | ADDRESS 730 Hanover

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35781

45 E 35781

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO.

City of BALTIMORE: (No. Howard + Madison St. 15-63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Howard.

(a) RESIDENCE NO. 3920 Kate ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Baker Howard

6 DATE OF BIRTH (month, day, and year): Sept 15-1872

7 AGE: 55- Years 10 Months 2 Days

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance - Sales

(b) General nature of indostry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Hanford County (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph A. Howard

11 BIRTHPLACE OF FATHER (City or town) ? (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Carr

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Superintendent Records (Address)

15 Filed ....., 19..... Registrar

JUL 18 1928 C. HAMPSON LOWE, M.D.

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 17, 1928, that I last saw h[illegible] alive on July 17, 1928, and that death occurred, on the date stated above, at 12:05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma colon

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(dorstion) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 7/11/28

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) H. H. Kerfoot Anderson, M. D.

7/17 1928 (Address) Md. General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: July 20 1928

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Rd

Spec.—1-12-23—M&T—500 Blks.

E 35782 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35782

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital 161-001

CITY OF BALTIMORE: (No. ) ST. 25-12 WARD) REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Walsh

(a) RESIDENCE No. 23 (Usual place of abode) Selma Ave Holelthorpe ST., ..... WARD .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds. (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ~

6a If married, widowed, or divorced HUSBAND of - - (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-17-28

7 AGE — Years: a few hours; Months: —; Days: —; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Olin Walsh.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Ruth Gosnell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Oliver Walsh. 23 Selma Ave Holelthorpe

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-17, 1928, to 7-17, 1928, that I last saw her alive on 7-17, 1928, and that death occurred, on the date stated above, at 4 30 p m.

The CAUSE OF DEATH* was as follows: Premature Birth

(duration) yrs. 7 mos 15 ds.

CONTRIBUTORY (Secondary) Atelectasis (Partial)

(duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical (Partial)

(Signed) Bruce Hoover, M. D.

, 19 (Address) 266 Linton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: July 18 1928

20 UNDERTAKER: Williams & Love ADDRESS: 1723 W Lafayette Ave

C. HARRISON JONES, M.D.

T8 1928

Cor.—12-9-25—A Co.—200 Bks.

E 35783

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

105 E 35783

1-PLACE OF DEATH

City of BALTIMORE: (No. 2803 W. Balto St. Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Robert Wild

(a) RESIDENCE NO. 2803 W. Balto St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Sept 14 1873

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 54 | 10 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER John C. Wild

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 NAME OF MOTHER Elizabeth Sadtler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Elizabeth Wild

(Address) 2803 W. Balto St

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year) July 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry,

thereon and from the evidence obtained by Inquest autopsy or inquiry,

.....find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Asthma

Unknown

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

Duration ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton, M. D.

July 17 1928 (Address) Curtis Bay, Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See rules for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial July 19 1928

20 UNDERTAKER F. B. Wiskemann ADDRESS 1850 W. Balto St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35784 E 35784

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Calvin Ave ST., 12-49 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William B. Gardiner

(a) RESIDENCE No. 426 Calvin, Ave ST.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single, Married, Widowed, or Divorced~~, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper stock buying

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Robert Gardiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliza A Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs M Burnham (Address) 426 Calvin Ave

15 Filed , 19 Registrar

L 18 1928 C. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 17, 1928, that I last saw him alive on July 16, 1928 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual Symptoms

(Signed) Wm C Pullen, M. D.

July 18, 1928 (Address) 1415 Cedar Hill Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lot Jewish Cem

DATE OF BURIAL July 19, 1928

20 UNDERTAKER Louis Posner

ADDRESS 1 & 2 N. Bway

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35785

## CERTIFICATE OF DEATH.

179

E 35785

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 929 Brooks Lane ST. 13-59 WARD)

2-FULL NAME Matilda N. Sinsheimer

(a) RESIDENCE NO. 929 Brooks Lane ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Sinsheimer

DATE OF BIRTH (month, day, and year) June 11th. 1844

| AGE | Years | Months | Days | If LESS than 1 day, hrs or ..... min. |
|---|---|---|---|---|
| | 84 | 1 | 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Ralphael Neuberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Adelaide Freidenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. A. Sinsheimer

(Address) 929 Brooks Lane.

Filed ....., 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17th. 1928

17

I HEREBY CERTIFY, That I attended deceased from July, 1927, to July 17, 1928, that I last saw h. alive on July 17, 1928 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Victor A. Levy, M. D.

, 19 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Friendship Cem. | 7/19/ 19 28 |

20 UNDERTAKER Harry Sondheim ADDRESS 118 20 W. Mt. Royal Ave.

Spec.—1-12-23—M&T—500 Bks.

E 35786 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35786

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (NO. 27-54 ST. 1 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. J. Van Lear Rogan, (ROGAN)

(a) RESIDENCE NO. 2109 Cross Country Blvd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7 DATE OF BIRTH (month, day, and year) April 14-1909

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | 3 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Colleg Student

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ old

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Thomas W. Rogan

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Thomas

13 BIRTHPLACE OF MOTHER (city or town) " " (State or country) Va.

14 Informant Thomas Rogan (Address) 2109 Cross Country Road

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17- 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-28, 1928, to 7-17, 1928, that I last saw her alive on 7-17, 1928, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Uremia

Myocarditis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis with acute Reg

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Lab.

(Signed) John T. Rowan, M. D.

, 19 (Address) 909 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem. | July 19 1928 |
| UNDERTAKER | ADDRESS |
| Wm. J. Tuckner & Sons | N. Y. Pa. |

JUL 18 1928 HARRISON JONES, M.D. Registrar

Spec.—1-12-23—M&T—500 Bks.

E 35787

# HEALTH DEPARTMENT—CITY OF BALTIMORE

74 E 35787

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Harlem ave ST., 16-76 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Janie Hudson

(a) RESIDENCE No. 1131 Harlem ave ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Va

PARENTS

10 NAME OF FATHER Stephen Heck

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Va

14 Informant Sarah Shepard

(Address) 1131 Harlem ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to July 17, 1928, that I last saw h[illegible] alive on July 16, 1928 and that death occurred, on the date stated above, at 3:50 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. Cooley, M. D.

, 19 (Address) 1131 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 7/18 1928

20 UNDERTAKER Daniel Easter — ADDRESS Ce ne 96

JUL 18 1928 HARRY JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 35788

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35788

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 214 E. Federal St. (12-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Estep

(a) RESIDENCE NO. 214 E. Federal ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Estep

6 DATE OF BIRTH (month, day, and year) Unknown 1830

7 AGE Years 98 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Annie Hill

(Address) 214 Federal St

15 Filed JUL 18 1928 H. A. PERKINSON, JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to July 17, 1928.

that I last saw her alive on July 15, 1928

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos. J. Woolford M. D.

July 18 1928 (Address) 103 E. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Md. DATE OF BURIAL July 19 1928

20 UNDERTAKER Mrs. R. G. Elbert ADDRESS 1725 Eastland ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35789

## CERTIFICATE OF DEATH.

49 E 35789

1-PLACE OF DEATH ...TIMORE CITY HOSP...

CITY OF BALTIMORE: (No. ... ST. 26-37 WARD ...

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hanack

(a) RESIDENCE No. Balt. City Hospitals ST. ... WARD ...
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Sgl M |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ... min. |
|---|---|---|---|---|
| | 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ... (State or country) Germ.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant ...TIMORE CITY HOSP...
(Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/16 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/20, 1928, to 7/16, 1928, that I last saw [illegible] alive on 7/16, 1928 and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas
Metastasis Small Intestines

Unknown (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 6/3/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clin. Findings.

(Signed) ... M. D.

..., 19 (Address) ...TIMORE CITY HOSP...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 7/19 1928

20 UNDERTAKER ... ADDRESS 502 E North Ave

ec.—2-29-28—L. F. S.—500 Bks.

Dr Smith 1605 N Montford Ave

E 35790

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

57 E 35790

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE, (No. 430 N. Brice ST., 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Arnold

(a) RESIDENCE NO. 430 N. Brice ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | W. | Widowed |

if married, widowed, or divorced HUSBAND of (or) WIFE of Gottlieb Arnold

DATE OF BIRTH (month, day, and year) Jan 2, 1851

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 6 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER (Unknown) Buhl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Charles J Arnold

(Address) 430 N. Brice St

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to July 17, 1928, that I last saw h[illegible] alive on July 16, 1928 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes (Mellitus)
With Uremia - Arteriosclerosis
Leg sore (ulcerated)

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia, lobular (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hyperglycemia.

(Signed) Edw Smith M. D.

7/17, 1928 (Address) 1605 N. Montford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western | 7/19 1928 |
| 20 UNDERTAKER H. H. Cook | ADDRESS 502 E Madison |

pec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35791

## CERTIFICATE OF DEATH.

46

REGISTERED NO. E 35791

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1831 W-Lexington ST. 20-27 (WARD)

2-FULL NAME Matilda Coleman

(a) RESIDENCE NO. 1831 W-Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of or) WIFE of Nelson Coleman

6b DATE OF BIRTH (month, day, and year) Oct 24, 1859

7 AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 8 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co Md

PARENTS

10 NAME OF FATHER John E Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Sneath Cosnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Lula A. Clark

(Address) 1831 W Lexington St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928

17 I HEREBY CERTIFY, That I attended deceased from May 20 1928 to July 18 1928, that I last saw her alive on July 17 1928, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Carcinoma of Uterus (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus (duration) 1 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) Dr Jos Kennard, M. D.

7-18 1928 (Address) 708 Enson Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaston Md

DATE OF BURIAL 7-21 1928

20 UNDERTAKER W M Cook

ADDRESS 502 E North Ave

JAMES H. HAMILTON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35792

## CERTIFICATE OF DEATH.

129 E 35792

1-PLACE OF DEATH Monastery of St. Mary Magdalen — REGISTERED NO._____

City of BALTIMORE: (No. Mount & Hollins St. 14-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sr. Magdalen of St. Gabriel (Winifred Daily)

(a) RESIDENCE NO. Mount & Hollins Sts. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 23, 1873

7 AGE: Years 55 | Months | Days 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sewing

(b) General nature of industry, business, or establishment in which employed (or employer): 069

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Michael Daily

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Barry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Sister Superior

(Address): 701 St. Paul St.

15 Filed _____ 19____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to July 17, 1928, that I last saw h.. alive on July 17, 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Cardiac asthenia.

(duration) ___ yrs. ___ mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? U Date of

Was there an autopsy? U

What test confirmed diagnosis? Clinical

(Signed) Edw. O'Connell M. D.

7/18/28 (Address) 24 W. Fallis Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. — Date of Burial 7/19 1928

20 UNDERTAKER: J. F. Fahey Sons — ADDRESS 318 Eight St.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35793

## CERTIFICATE OF DEATH.

188-001

E 35793

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. University Hospital St. 27-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman DeGraw

(a) RESIDENCE NO. 2612 Woodland Ave., St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alverda DeGraw

6 DATE OF BIRTH, (month, day, and year) April 7, 1882.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | 3 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer B. & O Railway.

9 BIRTHPLACE (city or town)_____ (State or country) N. Y.

PARENTS

10 NAME OF FATHER Lewis DeGraw

11 BIRTHPLACE OF FATHER (city or town)_____ (State or country) Unknown

12 MAIDEN NAME OF MOTHER Henrietta Weyant.

13 BIRTHPLACE OF MOTHER (city or town)_____ (State or country) N. Y.

14 Informant Foster DeGraw (Address) 2612 Woodland Ave.

15 Filed_____, 19_____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushing wound of left leg.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock.

(duration) yrs. mos. ds.

(Signed) Eugene Feller, M. D. (Coroner)

7/18/1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockwood Cemetery Date of Burial July 30 1928

20 UNDERTAKER Harry N. Damgaard per [illegible] ADDRESS 4204 Ridgewood

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35794

## CERTIFICATE OF DEATH

25-002 E 35794

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Lake Montebello St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Shanklin

(a) RESIDENCE NO. Lake Montebello St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if nf foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (nr) WIFE of Sarah E. Shanklin

6 DATE OF BIRTH (month, day, and year) March 24, 1850

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 78 | 3 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession nr particular kind of work Farmer

(b) General nature nf industry, business, nr establishment in which employed (or employer) Retired 5 years

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Shanklin

11 BIRTHPLACE OF FATHER (City or town) Balto. Co.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachael Tucker

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.

(State or country) Maryland

14 Infnrmant Fred C. Shanklin

(Address) Lake Montebello, Balto., Md.

15 Filed JUL 18 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18th 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 14 1925 to July 18 1928 that I last saw h alive on July 17 1928 and that death occurred, on the date stated above, at 1:10 A. m.

The CAUSE OF DEATH* was as follnws:

Paralytic Stroke

(Duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Odema of the lungs

(duration) yrs. mns. 7 ds.

18 Where was disease cnntracted if not at place of death?

Did an operation preeede death? Date of

Was there an autnpsy?

What test confirmed diagnosis?

(Signed) T. Young Fellbrook M. D.

July 19 1928 (Address) 1618 Fordwich Ave

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature nf Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Miss M. E. Cemetery Date of Burial July 20, 28

20 UNDERTAKER Fred Lissau & Son ADDRESS Halleton

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35795

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35795

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH University Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lombard & Green Sts. ST., 26-42 WARD

2-FULL NAME August Walkemeyer

(a) RESIDENCE NO. 440 6th Forest View Ave ST., Ridgebury WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louise Walkemeyer

6 DATE OF BIRTH (month, day, and year) Aug 12th 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min |
|---|---|---|---|---|
| 43 | | 11 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrotyper

(b) General nature of industry, business, or establishment in which employed (or employer) 063

(c) Name of employer Simpson & Dodder

9 BIRTHPLACE (city or town) Balto.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Walkemeyer

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Schaf

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Louise M. Walkemeyer
(Address) 440 Forest View Ave. Ridgebury

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/13, 1928, to 7/17, 1928, that I last saw h[illegible] alive on 7/17, 1928, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardio vascular Disease
Mitral stenosis + Insufficiency
auricular Fibrillation

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm Lowe Jr. M. D.

, 19 (Address) 1302 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Immanuel Cemetery | July 20 1928 |

20 UNDERTAKER Fred H. Lazenby Sons ADDRESS Fullerton

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35796

## CERTIFICATE OF DEATH

161-001 E 35796

1-PLACE OF DEATH

REGISTERED NO. 9446

City of BALTIMORE: (No.) Maryland Gen'l Hosp (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Streett.

(a) RESIDENCE NO. 805 E. 22nd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7/18/28

7 AGE: Years 1/2 Hour; Months 0; Days 0; IF LESS than 1 day 0 hrs. or 0 min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles Rush Streett

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Margaret Coogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant (Address): Hospital Record.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 7/18/28

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to July 18, 1928, that I last saw h.i.M. alive on Dead July 18, 1928, and that death occurred, on the date stated above, at 10:00 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 mo.)

Still born

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Pre-Eclamptic Toxemia Edema.

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of 7/18/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Thos. O'Donnell M. D.

19 (Address) Mrs Gunther

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincents — Date of Burial 7/19 19 28

20 UNDERTAKER: H. M. Cook — ADDRESS 512 E. 25th St.

Very Important. Be sure that every question is answered.

Spec.—1-10-21—M&T—1500 Bks.

E 35797

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35797

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 W. Lanvale ST. 16-23 WARD)

2-FULL NAME Ida E. Madden

(a) RESIDENCE NO. 1018 W. Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Madden

6 DATE OF BIRTH (month, day, and year): Nov. 20-1886

7 AGE: Years 41 Months 7 Days 27 — 42

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James Chance

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Emma Chambers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14

Informant: Lucy Ford

(Address) 1018 W. Lanvale St

15

Filed ..., 19 ... HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17 1928.

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to July 17, 1928, that I last saw her alive on July 17, 1928, and that death occurred, on the date stated above, at 4:05 P.m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Uremic coma

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. L. Hirte, M. D.

, 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 7/19/28

20 UNDERTAKER: Wm. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave.

FOR A VERY important use of information

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35793

## CERTIFICATE OF DEATH.

185 E 35798

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq Hosp St., or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dock Mickey

(a) RESIDENCE NO. 1048 Argyle Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col'd | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Mickey

6 DATE OF BIRTH (month, day, and year) ? 189?

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 37 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Geo. Mickey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Jennie Mickey

(Address) 1048 Argyle Ave

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained ... Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fell off Scaffold 30 ft High

Fract Skull (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Tho. B. Horton M. D.

(Coroner)

July 18, 1928 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — Date of Burial 7/20/28

20 UNDERTAKER Mrs Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35799 31 AE 35799

35799

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto Md. ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roosevelt Barlow

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Blk.

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 28 — Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 0

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Carolina

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Balto City Hospitals Balto Md.

15 Filed , 19 2620 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 19 28

17 I HEREBY CERTIFY, That I attended deceased from 5-13, 1928, to 7-14, 1928, that I last saw him live on 7-14, 1928, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Psychosis w/ Pulmonary Tbc.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Harry Goodwin, M. D.

, 19 (Address) Baltimore Co. Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUL 17 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35800

## CERTIFICATE OF DEATH.

1851

E 35800

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp 14-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Thompson

(a) RESIDENCE NO. 1535 Shield St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 4 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): June 12 - 1881

7 AGE — Years: 47 Months: 1 Days: 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

### PARENTS

10 NAME OF FATHER: Lewis V. Thompson

11 BIRTHPLACE OF FATHER (city or town): Carroll Co

(State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel H. Green

13 BIRTHPLACE OF MOTHER (city or town): Hartford Co

(State or country): Md

14 Informant: Mary H. Thompson

(Address): 1536 Shield St.

15 Filed ....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Fell on Head in street

(Duration) yrs. mos. ds.

(Signed) F. A. Funk (Coroner) M. D.

July 16, 19 (Address) North Ave & Dru

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial July 19, 28

20 UNDERTAKER: John H. Toadvine ADDRESS 1027 Hanover Hall

1028 C. HAMPSON JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

E 35801

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35801

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 18-26 ST., WARD)

2-FULL NAME Charity Garrett

(a) RESIDENCE No. 26 N Poppleton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Wd |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Geo Garrett

6 DATE OF BIRTH (month, day, and year) Feb 28 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 2 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Frank Emory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charity Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Friends BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17 1928

17

I HEREBY CERTIFY, That I attended deceased from 4-24, 1928, to 7-17, 1928,

that I last saw her alive on 7-17, 1928

and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:

Hemiplegia, Rt

Cerebral Hemorrhage, Left

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension — Chr myocarditis / Chr. arthritis (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy & clinical Dx

(Signed) E. Holmes Clinic, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion DATE OF BURIAL July 20 28

UNDERTAKER Thomas E Ulrich ADDRESS 2111 N Carey

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35802

## CERTIFICATE OF DEATH.

179 E 35802

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary East

(a) RESIDENCE NO. 710 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis East

6 DATE OF BIRTH (month, day, and year) April 22, 1873.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 55 | 2 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Alexander Kezleski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Matilda Hess.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Amelia Taylor

(Address) 1341 Herkimer St.

15 Filed ..... 19 .....

JUL 19 1928 C. HAMPSON JONES

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd. and 3rd. degree burns from umbilicus to the knees.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.

(Coroner)

7/18/ 28, (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — Date of Burial 7/21/ 1928.

20 UNDERTAKER Wm. Cook. — ADDRESS 502 E. North Ave.

Spec.—1-12-23—M&T—500 Blks.

E 35803

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35803

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Union Memorial ST. WARD) REGISTERED NO. 12949

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Cadenhead

(a) RESIDENCE NO. Zebulon Ga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1896

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 31 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Zebulon Georgia

PARENTS

10 NAME OF FATHER E. J. Cadenhead

11 BIRTHPLACE OF FATHER (City or town) (State or country) Zebulon Ga

12 MAIDEN NAME OF MOTHER Ida J. McKinley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Zebulon Ga.

14 Informant Mrs. G. M. Hartley

(Address)

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to July 18, 1928, that I last saw her alive on July 18, 1928 and that death occurred, on the date stated above, at 7 P.m

The CAUSE OF DEATH* was as follows:

Gastric Ulcer —

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Shock & Hemorrhage

(duration) * yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 18, 1928

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Thomas E. Ott, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zebulon, Ga — DATE OF BURIAL 7/19 1928

20 UNDERTAKER W. M. Cook — ADDRESS 503 E. 20th St.

Spec.—1-12-23—M&T—500 Blks.

E 35804

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35804

## CERTIFICATE OF DEATH

X 159-001

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12-49 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peggy Tawes

(a) RESIDENCE NO. Crisfield, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single Oct 15/28

6 DATE OF BIRTH (month, day, and year) 7/18/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 9 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Crisfield, Md.

PARENTS

10 NAME OF FATHER Elwood Tawes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rena Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Tawes (Mother)

(Address) 1718 Eutaw

15 July 19, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to July 18, 1928.

that I last saw h alive on July 18, 1928

and that death occurred, on the date stated above, at 8 40 P m

The CAUSE OF DEATH* was as follows:

* Hydrocephalus

Immediate following an injection of tuberculin.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7/11/28

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) Palmer F. C. Williams, M. D.

7/18 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md

20 UNDERTAKER Margaret A. Flynn

DATE OF BURIAL July 19 1928

ADDRESS 1422 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 35805

# HEALTH DEPARTMENT—CITY OF BALTIMORE

No 35805

## CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Needer

(a) RESIDENCE NO. 25-28 Foster ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7-1925

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 2 | 10 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Needer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mabel Fritzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John Needer

(Address) 25-28 Foster ave

15 Filed JUL 19 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 17, 1928

that I last saw him alive on July 14, 1928,

and that death occurred, on the date stated above, at 9:15 p m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Jones, M. D.

19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel | DATE OF BURIAL: July 20 1928

20 UNDERTAKER John C. Miller | ADDRESS 2435 E. Oliver St

Spec.—1-12-23—M3T—500 Bks.

E 35806

# HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001

E 35806

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ) Baltimore City Hospitals (ST., ) (W.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Stelmaszak

(a) RESIDENCE NO. 320 S. Bethel st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Frank Stelmaszak

6 DATE OF BIRTH (month, day, and year) 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or.....min. |
|---|---|---|---|---|
| | 43 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Vencery Stelmaszak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Novak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to July 18, 1928, that I last saw h.. alive on July 18, 1928, and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C Smith M. D.

7-18 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Stanislaus | July 21 1928 |
| 20 UNDERTAKER | ADDRESS |
| John M Weber & Son | Chester Pa |

Spec.—1-10-21—M&T—1500 Bks.

E 35807 HEALTH DEPARTMENT—CITY OF BALTIMORE 47 E 35807

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 S Spring St. 3-4 WARD)

2-FULL NAME Lillian Abbott

(a) RESIDENCE NO. 219 S Spring ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX— Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12 - 04

7 AGE — Years 23 — Months 11 — Days 7 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) O/O

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.
(State or country) Md

PARENTS

10 NAME OF FATHER Thos Curtis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Lottie Curtis
(Address) 219 S. Spring

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1928

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1928, to July 19, 1928, that I last saw her alive on July 19, 1928, and that death occurred, on the date stated above, at 2 12 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

General CONTRIBUTORY (Secondary) Carcinomatosis (duration) 1 yrs. mos. ds.

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Removal of Breast Date of Jan 1928

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

7/19/1928 (Address) 14 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Fortune — DATE OF BURIAL 7-21-1928

20 UNDERTAKER Lorman M. Caves Inc — ADDRESS 420 Mad

Spec. –7-17-26—A Co.—200 Bks.

E 35808

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49

E 35808

1-PLACE OF DEATH

City of BALTIMORE: (No. 4102 Groveland ave 26-63 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis William Weaver

(a) RESIDENCE NO. 4102 Groveland ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Eugenia Weaver

6 DATE OF BIRTH (month, day, and year) 1861

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 67 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter carrier Retired 08

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Post office

9 BIRTHPLACE (city or town) York Pa

(State or country)

PARENTS

10 NAME OF FATHER Anthony Weaver

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mary Eugenia Weaver

(Address) 4102 Groveland ave

15 Filed 19 1928 C. HAMPSON LEWIS M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH 7-15

16 DATE OF DEATH (month, day, and year) July 18 1928

17

I HEREBY CERTIFY, That I attended deceased from April, 1928, to July 15, 1928, that I last saw him alive on July 15, 1928, and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate gland

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Mitral regurgitation (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home of deceased?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory test

(Signed) George Kenneth, M. D.

7-19, 1928 (Address) 3902 Groveland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial July 20 1928

20 UNDERTAKER Mary Lyon — ADDRESS 4415 Reisterstown Rd

Spec.—1-12-23—M&T—500 Blks.

Israel Brown

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35809

## CERTIFICATE OF DEATH.

129 E 35809

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 10-14 WARD)

2-FULL NAME Israel Brown,

(a) RESIDENCE No. 909 Homewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Sm. | Col | ? |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant BALTIMORE CITY HOSPITALS [redacted]

(Address)

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/10/26, 19..., to 7/14, 19 26, that I last saw h— alive on 7/14, 19 26, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy
Chr. Nephritis (Interstitial)
Uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. Wick, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Antrim Cemetery — DATE OF BURIAL: July 18 1926

UNDERTAKER: Chas. H. Johnson — ADDRESS: 516 N. Carolina St.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35810

## CERTIFICATE OF DEATH

1 1 ✓

B 35810

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2802 Santalee Av ST. 15-54 (WARD)

2—FULL NAME Vincent Carioti

(a) RESIDENCE NO. 2802 Santalee Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

a If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida

DATE OF BIRTH (month, day, and year) Sept 16-1895

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 32 | 10 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Bruno

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Brusi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Ida Carioti

(Address) 2802 Santalee ave

15 Filed ....., 19 .... C. H. ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17-28

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 17, 1928, that I last saw h— alive on July 17, 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Dangerous Operation

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 8-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Frank Inserra, M. D.

July 17, 1928 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Dorsi Brai | July 20, 1928 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| J W Gazeuka | 3930 Eastern Av |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35811

## CERTIFICATE OF DEATH.

92

E 35811

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Copley Rd. ST. 1562 WARD)

2-FULL NAME Lillie J. George

(a) RESIDENCE NO. 3701 Copley Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm E. George

6 DATE OF BIRTH (month, day, and year): Jan 22 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 5 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Rhodes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Lillie Herd

(Address): 3701 Copley Road

15 Filed ....., 19 ..... Registrar

C. E. [illegible] JONES,

JUL 19 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928, to July 18, 1928

that I last saw h[illegible] alive on July 18, 1928

and that death occurred, on the date stated above, at 5 P. m

The CAUSE OF DEATH* was as follows:

Coronary embolism.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) B W Kelly, M. D.

, 19 (Address) 1009 Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 20 1928

20 UNDERTAKER: F. A. Kramer & Son — ADDRESS: 703 Hanover

rec.—2-29-28—L. F. S.—500 Bks.

E 35812

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

31 ✓ E 35812

1—PLACE OF DEATH

REGISTERED NO. 28-37

CITY OF BALTIMORE: (No. 500 So Twelfth ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Goertsch

(a) RESIDENCE NO. 500 So Twelfth ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Goertsch

DATE OF BIRTH (month, day, and year) August 17-1897

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 30 | 31 | 11 | 2 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Kept in Ship yard.

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER George Goertsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dorothy Schumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Catherine Goertsch

(Address) 500 So Twelfth st

Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19-1928.

17 I HEREBY CERTIFY, That I attended deceased from 7/12/27, 19..., to 7/19/28, 19..., that I last saw her alive on 7/14/28, 19..., and that death occurred, on the date stated above, at 5 AM. m.

The CAUSE OF DEATH* was as follows:

Asthenia

... (duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Pulm TB - (duration) ... yrs. 18 (?) mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? — W.R. —

(Signed) ... M. D.

7/19/28 (Address) 575 Stricker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart Cem. | July 23 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly Zeiler INC | 408 S. Wolfe |

Spec.—7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35813

## CERTIFICATE OF DEATH

90 E 35813

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 805 Fremont Ave St., 9th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Lusby Richardson

(a) RESIDENCE NO. 805 Fremont Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert P. Richardson

6 DATE OF BIRTH (month, day and year): October 7th 1846

7 AGE — Years: 81 Months: 9 Days: 17 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Dorchester Co

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wm Bailey.

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Anne Richardson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Levin Bailey

(Address) 3702 Woodland Ave

15 Filed 19 C. HAMPSON JONES, M. D. 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 19th 28

17 I HEREBY CERTIFY, That I attended deceased from April 27th, 19 27, to July 19th, 19 28,

that I last saw her alive on July 18th, 19 28,

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Acute Coronar Occlusion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 15 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Geo Upshur Jr M. D.

19 7/19/28 (Address) 4816 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Church Creek Dorchester Co. Md. — Date of Burial: July 21 1928

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins

Cor.—12-9-25—A Co.—200 Bks.

E 35814

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35814

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hospital St. 9-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME HELEN Lynch.

(a) RESIDENCE NO Owings Mills Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13. 1915

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 12 | 13 | 6 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Yonkers.

(State or country) N.Y.

PARENTS

10 NAME OF FATHER Wm J Lynch.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E Lancaster

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Margaret A Kaiser

(Address) Owings Mills

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17-28.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns, Clothing caught fire, playing with matches,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Beers M. D.

(Coroner)

(Address) 508 E. North Ave

1/19/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York. N.Y. Date of Burial 7-20-28.

20 UNDERTAKER Harry M. Fahey & Sons ADDRESS 1827 N Howard Ave

Spec.—1-12-23—M&T—500 Bks.

E 35815

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35815

1-PLACE OF DEATH University Hospital 19-28

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME June Corbin

(a) RESIDENCE NO. 1840 W. Henry St. ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28, 1927

7 AGE — Years: 1 — Months: ..... — Days: 21 — If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Edwin W. Corbin

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Amelia Brewer

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Amelia Corbin
(Address) 1237 W. Lombard St.

15 Filed ..... 19 .....

Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 4/20, 1928, to 7/19, 1928,
that I last saw her alive on 7/18/28, 19 ,
and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Terminal Coma - Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Septicemia, malnutrition, enlarged thymus (duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of 6/13/28

Was there an autopsy? — No

What test confirmed diagnosis? — Clinical - Findings

(Signed) Charles E. Hill, M. D.

7/19 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL July 21 1928

20 UNDERTAKER Harry A. Witzke — ADDRESS 1531 W. Lombard St

JUL 19 1928 C. HARRISON JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

E 35816

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35816

## CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH Mt Hope Retreat — REGISTERED NO. 24-33

CITY OF BALTIMORE: (No. ..... St., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Streckfus

(a) RESIDENCE NO. 1624 William ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Aug. 15. 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 11 | 00 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Frank Streckfus

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Thiell

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Mrs Hope Friends (Address) Mt Hope Retreat

15 Filed JUL 19 1928 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1928

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1924, to July 15, 1928, that I last saw h[illegible] alive on July 12, 1928, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Ovarian Cyst.

Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Paranoid Dementia

(duration) 15 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL July 20/28

20 UNDERTAKER J. E. Stewart & Bowen Company

ADDRESS 108 W North Ave.

Spec.—1-12-23—M&T—500 Bks.

E 35817

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35817

## CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 1669 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Martin

(a) RESIDENCE NO. 609 Claymont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE: Years 80 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant BALTIMORE CITY HOSPITALS

(Address)

15 Filed , 19 Receipt

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19 1928

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to July 19, 1928, that I last saw h[illegible] alive on July 19, 1928 and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows: Generalized Arteriosclerosis Chr. Interstitial Nephritis Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. M. Vick, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem

DATE OF BURIAL: July 21 1928

20 UNDERTAKER: Geo. M. Fuller

ADDRESS: 1700 Edmondson

C. HAMPSON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

E 35818

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35818

## CERTIFICATE OF DEATH.

71-001

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital W-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Shindeldecker

(a) RESIDENCE NO. 3302 Fait Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Shindledecker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Clara Jates

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Illionis

14 Informant Father

(Address) 3302 Fait Ave

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Streptococcic Meningitis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Cole M. D.

(Coroner)

7/19/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bauchman Date of Burial 7/19 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

35819 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35819

143-001

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md Gen Hosp St. 25-27 Ward)

2-FULL NAME Eva May Settlemoir

(a) RESIDENCE: (No.) Pennington Ave & Ft Smallwood Rd. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cletus L. Settlemoir

6 DATE OF BIRTH (month, day and year): Oct 6-1897

7 AGE — Years: 30 — Months: 9 — Days: 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER: Frank H. Smith

11 BIRTHPLACE OF FATHER (city or town): Md. (State or country)

12 MAIDEN NAME OF MOTHER: Fannie Hall

13 BIRTHPLACE OF MOTHER (city or town): Md (State or country)

14 Informant: Cletus L. Settlemoir (Address) Pennington Ave. Baltimore

15 Filed ..... 19.. CHAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) autopsy thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Sepsis & Peritonitis

Self induced Abortion.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Labor Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) H. C. Finch M. D.

(Address) North Ave & Dennison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial July 20 1928

20 UNDERTAKER: John F. Denny ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35820

## CERTIFICATE OF DEATH.

186-103

E 35820

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. University Hospital St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A, Brooks.

(a) RESIDENCE NO. 1419 Argyle Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary N. Brooks.

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1906.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 21 | 11 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Butter Business

(c) Name of employer J.H. Filbert, Inc.

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Wilbert A. Brooks.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Hazelton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mary Brooks.

(Address) 1419 Argyle Ave.

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Pelvis.Accident.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Shock.

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feller, M. D. (Coroner)

7/19/28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial 7-22-1928

20 UNDERTAKER Geo. R. Chase & Son ADDRESS 1400 Druid Hill Ave.

Very Important: See instructions on reverse side

Spec.—1-10-21—M&T—1500 Blks.

E 35821 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35821

## CERTIFICATE OF DEATH.

REGISTERED NO. 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1409 Bloomingdale Road (ST.) (WARD) 1641

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William G. Harness (Horn)

(a) RESIDENCE No. 1409 Bloomingdale Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Horn

6 DATE OF BIRTH (month, day, and year) June 15—1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 1 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frederick Horn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magdalina Griswold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Lottie Harman (Address) 1409 Bloomingdale Rd

15 Filed JUL 19 1928 C. RAMON JONES, M. D. Registrar RKK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20 1928 to July 17 1928, that I last saw him alive on July 17 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

Cerebral Arteriosclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Nitrite reaction

(Signed) V Van Williams M. D.

19 (Address) 601 W Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL July 21 1928

20 UNDERTAKER Chas. R. Wade & Son ADDRESS 1800 Druid Park Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35822

## CERTIFICATE OF DEATH.

101-001

E 35822

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 Morris Ave. (ST.) 13-59 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Harris.

(a) RESIDENCE No. 3507 Morris Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob A. Harris

6 DATE OF BIRTH (month, day, and year) April 25, 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 2 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Isaac Lowenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babette Stern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mr. Godfrey Harris. (Address) 2111 Park Ave.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19th. 1928

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to July 19, 1928, that I last saw h[illegible] alive on July 18, 1928 and that death occurred, on the date stated above, at 2.45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Frank Lehman, M. D.

, 19 (Address) 2305 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 7/20/ 1928

20 UNDERTAKER Harid Sondheim

ADDRESS 110-20 W. Mt. Royal Ave

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35823 E 35823

## CERTIFICATE OF DEATH.

84

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3613 White Ave ST. 27-43 WARD

2-FULL NAME Joseph Lucas

(a) RESIDENCE NO. 3613 White Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mrs Sarah G. Lucas

6 DATE OF BIRTH (month, day, and year) Febry 18-1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 5 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Charles Co. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs Sarah Lucas 3613 White Ave

15 Filed . 19 HARRISON-JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1928

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to July 19, 1928, that I last saw him alive on July 18, 1928, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ✓ yrs. ✓ mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon M. D.

7/19 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery DATE OF BURIAL July 21 1928

20 UNDERTAKER Hughes & Lord Inc ADDRESS 4 & 6 N. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35824 E 35824

## CERTIFICATE OF DEATH.

74001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Clifton ave. 15-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Clark

(a) RESIDENCE NO. 2915 Clifton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 12th 1878

7 AGE: Years 54 Months 11 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER John L Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rosa A Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs C E Wirt

(Address) 2915 Clifton ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1928, to July 18, 1928,

that I last saw her alive on July 17, 1928,

and that death occurred, on the date stated above, at 4.48 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemiplegy.

(duration) yrs. 5 mos. 0 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of none:

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Grant N. Ogden, M. D.

July 5, 1928 (Address) 115 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 21 1928

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1126 N. Mount

28

1926 HARRISON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35825

90

REGISTERED NO. E 35825

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 16-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine A. Doyle

(a) RESIDENCE NO. 1207 Dukeland Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 4 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Doyle

6 DATE OF BIRTH (month, day, and year): June 15, 1861

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 67 | 1 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Doory

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anne Connelly

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Robert J. Doyle

(Address): 1207 Dukeland Avenue

15 Filed ..... 19 ..... Registrar

1-3-1926 MARION JONES, M. D.

Per Rehpt.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 19 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Uraemia (duration) ..... yrs. ..... mos. ..... ds.

(Renal regulations)

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. T. Bates M. D.

(Coroner)

July 19 1928 (Address) 1037 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: 7/21 19 28

20 UNDERTAKER: Henry H. Mears & Son — ADDRESS: 805 W. Calvert

Spec.—1-10-21—M&T—1500 Bks.

E 35826

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

51 E 35826

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3012 Ailsa Ave. (ST.) 27-44 (WARD)

2-FULL NAME Joseph Meagher

(a) RESIDENCE NO. 3013 Ailsa Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothea Meagher

6 DATE OF BIRTH (month, day, and year): July 12-1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Post Office Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): U.S.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jno A Meagher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary C Sprott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Dorothea A. Meagher 3013 Ailsa Ave

15 Filed [illegible] 19 [illegible] Registrar: [illegible]

HARRY JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1928

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1928, to July 18, 1928, that I last saw h[illegible] alive on July 17, 1928, and that death occurred, on the date stated above, at 12.10 a. m.

The CAUSE OF DEATH* was as follows:

Malignant Endocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Terminal pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. D. Schmit M. D.

July 19 1928 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Joseph (Emmitsburg) — DATE OF BURIAL: 7/21 1928

20 UNDERTAKER: Leonard J Ruck — ADDRESS: Dalton Ga

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35827

V 100-002

E 35827

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1038 Monument St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel Scott

(a) RESIDENCE NO. 1038 Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 17 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1. 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 7 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) D.C.

(State or country) Md.

PARENTS

10 NAME OF FATHER Richard W. Scott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Burton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Richard W. Scott

(Address) 1038 E. Monument st

15 Filed ..... 19..... JUL 20 1928 C. HUBERT JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap Bronchitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

July 20/28 (Signed) G. C. Hubbs, M. D. (Coroner)

18 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery Date of Burial July 20 1928

20 UNDERTAKER Edward Bryan ADDRESS 1691 orleans st

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35828

## CERTIFICATE OF DEATH.

E 35828

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N. Carey St., 13 A WARD)

2-FULL NAME Minnie Harris

(a) RESIDENCE NO. 1014 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 13, 1916

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 6 10 | 10 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Ellis Harris

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Lucy E. Harris

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Lucy E. Harris

(Address) 1014 N. Carey St

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to July 16, 1928, that I last saw h[illegible] alive on July 17, 1928, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows: Bronchial Pneumonia

(duration) yrs. 1 mos 1 ds.

CONTRIBUTORY (Secondary) Following Measles

(duration) yrs. mos. 1 ds. Over

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed) [illegible] H. Lee Ellis, M. D.

19 [illegible] (Address) 924 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL July 20 1928

20 UNDERTAKER Virginia A. Brooks — ADDRESS 1463 N Carey

C. HAMILTON JONES

Spec.--1-12-23—M&T—500 Bks.

E 35829

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129

E 35829

1-PLACE OF DEATH West Baltimore General 2129 REGISTERED NO.

CITY OF BALTIMORE: (No. 2129 ST., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Stanley E. Rogers.

(a) RESIDENCE No. 1329 Hartshorn ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) no. 1898

7 AGE 30 Years — Months — Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Anna Rogers

(Address) 1329 Hartshorn St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 18, 1928, that I last saw him alive on July 18, 1928 and that death occurred, on the date stated above, at 3:45 a m

The CAUSE OF DEATH* was as follows:

Acute Nephritis

2 weeks (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

2 days (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Paul Schenker, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: July 21 1928

20 UNDERTAKER: John Grebliunas ADDRESS: 423 S. Eden St.

Spec.—1-12-23—M&T—500 Bks.

Myrtle Thomas

E 35830

# HEALTH DEPARTMENT—CITY OF BALTIMORE

941 Linden Ave

## CERTIFICATE OF DEATH.

101-401

E 35830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 941 (St.) Pulaski Hwy (WARD) 24

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Myrtle Thomas

(a) RESIDENCE NO. 941 (St.) Pulaski Hwy WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 23 1910

7 AGE — Years: 18 — Months: 2 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Rosa Landenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Mary Williams 941 Pulaski Hwy

15 Filed JUN 20 1928 Registrar C. HARRISON JONES

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1 1928 that I last saw h alive on July 18 1928 and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) ... yrs. mos 20 ds.

CONTRIBUTORY (Secondary) No

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. W. Reed M. D.

19 (Address) 505 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Lebanon — DATE OF BURIAL: July 21 1928

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1726 Baltimore

Spec.—7-17-26—A Co.—200 Bks.

E 35831

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

194 E 35831

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 230 N Chapel St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maximilian Endres

(a) RESIDENCE NO. 230 N Chapel St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Endres

6 DATE OF BIRTH (month, day, and year): May 1 1842

7 AGE: Years 85 Months 2 Days 17

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Joseph Endres Jr.

(Address) 230 N Chapel

15 Filed 19

Registrar

JUL 20 1928 BALTIMORE, MD.

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1928, to July 18, 1928, that I last saw h alive on 19, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo Preece M. D.

July 20, 19 28 (Address) 193 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: July 21 1928

20 UNDERTAKER: Martin W. E. Deppe Inc — ADDRESS: 375 Cant

Spec.—2-29-28—L. F. S.—500 Bks.

E 35882 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35832

CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Buster Hatchett

(a) RESIDENCE NO. 1910 White St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28-97

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | 11 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Hatchett

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car.

12 MAIDEN NAME OF MOTHER Lolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Car.

14 Informant Records—

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUL 20 1928 C. HAMPSON JONES, Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17-28

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1928, to July 17, 1928, that I last saw h[illegible] alive on July 17, 1928 and that death occurred, on the date stated above, at 6 10 A.M.

The CAUSE OF DEATH* was as follows:

Lung Abscess

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Sloan G. Stewart, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville Va — DATE OF BURIAL July 20 28

20 UNDERTAKER Joseph A Lively — ADDRESS 409 N Mount St

Spec.—1-12-23—M&T—500 Bks.

E 35833

656 Haward

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35833

BALTIMORE CITY HOSP

## CERTIFICATE OF DEATH.

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 27-30 WARD)

2-FULL NAME Ephraim Bonn

(a) RESIDENCE NO. Same (Usual place of abode) ST., 656 Howard WARD .....

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) ?

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE Years 60 yrs Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C

PARENTS

10 NAME OF FATHER Randall Bonn

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Carline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant BALTIMORE CITY HOSPITALS (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/18 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/18 1928, to 7/18 1928, that I last saw h alive on 7/18 1928, and that death occurred, on the date stated above, at 4. HOA m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

Terminal Bilateral pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy Found

(Signed) R. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSP

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar South Carolina

DATE OF BURIAL 7/20 1928

20 UNDERTAKER Walter B. Spiggs

ADDRESS 139 W Hamilton St.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35834

## CERTIFICATE OF DEATH.

12 E 35834

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Greenmount St. 12-14 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin F Fleming

(a) RESIDENCE NO. 1320 Greenmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 6, 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 2 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Foreman 056

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Construction

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin F. Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Coffee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Thomas Fleming

(Address) 1320 Edgemont Ave

15 Filed , 19 Registrar

TION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to July 19, 1928,

that I last saw h[illegible] alive on July 19, 1928,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(Tabes Dorsalis)

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Towns, M. D.

July 20 1928 (Address) 4142 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cemy | July 1928 |

20 UNDERTAKER Elmer W. Conklin

ADDRESS 924 E. Eager St

Spec.—1-12-23—M&T—500 Blks.

E 35835

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35835

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 23-31 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Katsef

(a) RESIDENCE NO. 132 West St. ST., WARD Annapolis, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Katsef

6 DATE OF BIRTH (month, day, and year) Unknown 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Feldman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Feldman
(Address) Annapolis Md

15 Filed JUL 20 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/14, 1928, to 7/19, 1928.

that I last saw her alive on 7/19/28, 19

and that death occurred, on the date stated above, at 6 45 p.m.

The CAUSE OF DEATH* was as follows:

Acute lymphatic leukemia

(duration) yrs. mos 14-21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Laboratory

(Signed) Dallas E. Dill, M. D.

7/19, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale DATE OF BURIAL July 20 28

20 UNDERTAKER Jack Lewis 1434 E Balto ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 35836 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35836

CERTIFICATE OF DEATH. 29-001

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2nd General Hosp St., 16-67 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Wherle

(a) RESIDENCE NO. 708 Edgewood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Child

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Child.

6 DATE OF BIRTH (month, day, and year): 1928 - May 5

7 AGE: Years 9 Months 2 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Albert Wherle

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Edna Green

13 BIRTHPLACE OF MOTHER (city or town): Maryland

(State or country)

14 Informant: Edna Wherle

(Address): 708 Edgewood

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Toy pistol

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. O. Smith M. D.

July 19 (Address) 1st Br. & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Date of Burial July 23 1928

20 UNDERTAKER: George J. Smith ADDRESS 532 Hollins

Spec. 7-15-26-A Con—200 Bks.

E 35837

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35837

## CERTIFICATE OF DEATH

90

1-PLACE OF DEATH Aged Mens Home

REGISTERED NO. 1927

City of BALTIMORE: (No. 1400 W. Lexington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Durchausch

(a) RESIDENCE NO. 1400 W. Lexington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 18, 1856

7 AGE: Years 71 72 | Months 6 7 | Days 20 2 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Boy

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Francis Durchausch

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Susanah Link

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Mary E. Forestal

(Address) 1400 W. Lexington St

15 Filed 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to July 20, 1928.

that I last saw him alive on July 19, 1928.

and that death occurred, on the date stated above, at 1:05 A. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Edwin C. Jarrell M. D.

, 19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount | Date of Burial July 21 1928

20 UNDERTAKER: George F. Smith | ADDRESS 1731 Hollins St

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35838

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35838

## CERTIFICATE OF DEATH.

161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1406 Cookrie St. (ST.) 24-35 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leona Walker.

(a) RESIDENCE NO. 1406 Cookrie St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none.

6 DATE OF BIRTH (month, day, and year): July 19, 1928

7 AGE — Years: 0 — Months: 0 — Days: 0 — If LESS than 1 day 2 hrs. or 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none.

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: August Walker.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland.

12 MAIDEN NAME OF MOTHER: Mary Hunting

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address)

15 Filed ..., 19... Deputy.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19 1928

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to July 19, 1928, that I last saw h[illegible] alive on July 19, 1928 and that death occurred, on the date stated above, at 2.15 P. m

The CAUSE OF DEATH* was as follows:

Accident of Labor and Pregnancy.
Fatal Asphixid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): A Helicotanis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) James Graham Marston, M. D.

7/20/ 19 28 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: July 20, 19 28

20 UNDERTAKER: Chas. D. Stevens — ADDRESS: 1581 Park Ave

JUL 20 1928 C. HAMPSON JONES, D.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Fetterhoff 3400 Wabash Ave

E 35839

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35839

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO. 1668

CITY OF BALTIMORE: (No. 2805 W Lafayette Ave ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Monroe Pearce

(a) RESIDENCE NO. 2805 W Lafayette Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Pearce

6 DATE OF BIRTH (month, day, and year) May 22. 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 1 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Pearce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence Pearce
(Address) 2805 W Lafayette Ave

15 Filed , 19 C. HAMPSON JONES, Registrar
Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19. 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 19, 1928
that I last saw h alive on July 18, 1928
and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Senile (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Chas A Fetterhoff M. D.

7/20, 1928 (Address) 3400 Wabash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 7/23 1928

20 UNDERTAKER W M Cook

ADDRESS 522 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 35840 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35840

CERTIFICATE OF DEATH. 123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 E. 22nd St. ST., 12th WARD) 9-46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Sewell Wright

(a) RESIDENCE No. 721 E. 22nd St. ST., 12th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. 11 mos. 16 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds. (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie R. Plummer

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1842

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 86 | 11 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Luther Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emily Lusby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. A. V. Tuttle

(Address) 721 E. 22nd St., City

15 Filed JUL 20 1928 19 HARRISON JONES, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 5th, 1928, to July 19, 1928, that I last saw him alive on July 19, 1928, and that death occurred, on the date stated above, at 11:05 A m.

The CAUSE OF DEATH* was as follows:

Gall-stone

(duration) (known) yrs. 4½ mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

7-19-'28 (Address) 5713 Belair Rd., Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 7/21 19 28

20 UNDERTAKER Henry U. Mears and Son

ADDRESS 605 N. Calvert

Spec.—2-29-28—L. F. S.—500 Blks.

215799 E 35841

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ X 49 E 35841

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James A - Black

(a) RESIDENCE NO. Columbia ST., S-Car WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Dont Know

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S-Car

PARENTS

10 NAME OF FATHER James Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) S-Car

12 MAIDEN NAME OF MOTHER Sally Bridgehouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S-Car

14 Informant Friends
(Address) JOHNS HOPKINS

15 Filed ....., 19 .....

HAMPSON

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20-28

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1928, to July 20, 1928, that I last saw him alive on July 20, 1928 and that death occurred, on the date stated above, at 5 00 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

Broncho-pneumonia

(durstion) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(durstion) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 10, 1928

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble, M. D.

July 20 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Columbia S.C | July 20 1928 |
| 20 UNDERTAKER John Merrick | ADDRESS 208 Orleans |

Spec.—2-29-28—L. F. S.—500 Bks.

E 35842

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 35842

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Streeper ST., 6-11 WARD)

2—FULL NAME Barbra Lunz

(a) RESIDENCE NO. 23 N. Streeper ST., 6 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Widowed |

a If married, widowed, or divorced, HUSBAND of (or) WIFE of John Lunz

6 DATE OF BIRTH (month, day, and year) Nov 6 1856

| 7 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 76 | 8 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Schick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Herrmann

(Address) 25 N. Streeper St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19—1928.

17 I HEREBY CERTIFY, That I attended deceased from Jan 26 . 1928 to July 19 . 1928

that I last saw her alive on July 19 . 1928

and that death occurred, on the date stated above, at 11 30 A.M.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Geo. T. Keller, M. D.

July 20. 1928 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cem. | July 21 1928 |

20 UNDERTAKER Lillye Zeiler INC ADDRESS 1038 N. Wolfe

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35843

## CERTIFICATE OF DEATH.

3 / E 35843

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 428 N. Eden St St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Coakley

(a) RESIDENCE NO. 428 N. Eden St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | col | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Coakley

6 DATE OF BIRTH (month, day, and year) Mar 9/1892

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 36 | 4 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 6"

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Georgetown, S.C.

PARENTS

10 NAME OF FATHER Jesse Coakley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S.C.

14 Informant Rebecca Gladden

(Address) 426 N. Eden St

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Lungs

(Probably Tubercular)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Price, M. D.

(Coroner)

7/19/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Georgetown S. Ca. Date of Burial July 20 1928

20 UNDERTAKER Mrs F. S. Locks ADDRESS 1302 Jefferson

Spec.–7-17-26—A Co.—200 Bks.

E 35844

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 35844

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton Ave., St. 18-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Cunningham

(a) RESIDENCE NO. 929 West Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Cunningham

6 DATE OF BIRTH (month, day, and year) June 15, 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 60 | 1 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.,

PARENTS

10 NAME OF FATHER Martin Callan

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Carr

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant

(Address) Jenkins Memorial Hosp. 1000 Caton Ave.

15 Filed 19 C. HARRISON JONES, M.D. Registrar

JUL 29 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1927, to July 18, 1928, that I last saw her alive on July 18, 1928, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Cardio-Nephritis

Chronic Arthritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) ? yrs. mos. 9 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) H. Lotard Keech M. D.

July 27, 1928. (Address) 2502 Eutaw Pl. 165 N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Date of Burial July 21, 1928

20 UNDERTAKER John J. Moran ADDRESS 3000 E. Balt.

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35845 ✓ E 35845

## CERTIFICATE OF DEATH.

122-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2438 Lanvale Ave 70-69 Ward)

2-FULL NAME Caroline O'Connor Gilmore

(a) RESIDENCE NO. 2438 Lanvale Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 9 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| female | white | married. |

5a If married, widowed, or divorced (or) WIFE of Thomas W. D. Gilmore

6 DATE OF BIRTH (month, day, and year) Oct 9-1865

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 62 | 9 | 9. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City

(State or country) N. Y.

PARENTS

10 NAME OF FATHER Arthur Boshell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England.

12 MAIDEN NAME OF MOTHER ? Bird

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Thomas W. D. Gilmore

(Address) 2438 Lanvale Ave

15 Filed 16 Registrar

JUL 20 1928 BALTIMORE, MD.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928.

17

I HEREBY CERTIFY, That I attended deceased from April 1 1927, to July 19, 1928, that I last saw h.. alive on July 17, 1928; and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophic Cirrhosis & Liver and Chronic Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) Chester Riland, M. D.

7-19-1928 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa. Date of Burial 7/20 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa ave

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35846 ✓ E 35846

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH 1535 Division Street

REGISTERED NO.

CITY OF BALTIMORE: (No. ST 14-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert J. Fisher

(a) RESIDENCE NO. 1535 Division ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie M. Fisher

6 DATE OF BIRTH (month, day, and year): Nov. 30. 1883

7 AGE: Years 44 | Months 7 | Days 18 | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer): Retail 014

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Daniel Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sallie Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Lillie M. Fisher

(Address) 1535 Division St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-18-28

17

I HEREBY CERTIFY, That I attended deceased from 7-15- , 1928, to 7-18 , 1928

that I last saw him alive on 7-18 , 1928

and that death occurred, on the date stated above, at 3.50 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Acute Cardiac Dilatation
Acute Gastroenteritis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: July 21 1928

20 UNDERTAKER: Jno M. Johnson — ADDRESS 1234 Eutaw St.

PATTERSON JONES, M.

Spec.—1-12-23—M&T—500 Bks.

E 35847

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35847

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Riverside Ave ST) 24-33 WARD

2-FULL NAME William P. Hook.

(a) RESIDENCE No. 1221 Riverside Ave ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or WIFE of Anna F. Hook.

6 DATE OF BIRTH (month, day, and year) 12/2/1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 7 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Ship Yard.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael Hook.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Cath. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France.

14 Informant Mrs A F. Hook
(Address) 1221 Riverside Ave

15 Filed ..... 19 ..... Registrar

L 20 1928 HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 19 28.

17 I HEREBY CERTIFY, That I attended deceased from May 15 , 19 28 . to July 18 , 19 28.
that I last saw h[illegible] alive on July 18 , 19 28.
and that death occurred, on the date stated above, at 9:50 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr Myocarditis a

Endocarditis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) John A. Schwenck, M. D.

, 19 (Address) 1337 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Mds. DATE OF BURIAL 7/21 1928

20 UNDERTAKER John J. Fahey & Sons ADDRESS 318 Light

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 35848

## CERTIFICATE OF DEATH.

E 35848

REGISTERED NO. E 35848

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3013 St. Paul St. 12-50 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura ~~Scott~~ Marshall

(a) RESIDENCE NO. 3013 St Paul St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas W Marshall

6 DATE OF BIRTH (month, day, and year): July 12, 1855

7 AGE: Years 70 Months Days 7 IF LESS than 1 day.....hrs. or.....min. 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Peter Bockelman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Eade

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mr. Clinton Watts

(Address): 12 E. Lexington St.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) July yrs. ..... mos. 1 ds.

Signed 19/28 G C Yates M. D.

(Coroner)

19 (Address) 143 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

Date of Burial: July 21 1928

20 UNDERTAKER: John J Metzler & Sons

ADDRESS: 1650 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35849

## CERTIFICATE OF DEATH

129 ✓

E 35849

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Jefferson ST. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophia E. Edwards

(a) RESIDENCE NO. 2505 Jefferson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if foreign birth? [illegible] mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Married

6a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Thomas F. Edwards

6 DATE OF BIRTH (month, day, and year): June 10-1866

7 AGE: Years: 62 | Months: 1 | Days: 8 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John A. Long

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Kirchner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: William F. Edwards

(Address): 2505 Jefferson St.

15 Filed ... 19 28 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18-1928

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,

that I last saw h... alive on ..., 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) ..., M. D.

..., 19... (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem | July 21 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Wm C. Millerson Jr | 2334 Jefferson |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35850 ✓ E 35850

## CERTIFICATE OF DEATH.

185

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 15-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruby Richardson

(a) RESIDENCE NO. 1343 N. Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Negro | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 28, 1927.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 3 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Richardson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Cassie Scott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mr. William Richardson

(Address) 1343 N. Mount St.

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull. ( Accident).

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.

(Coroner)

7/19/1928. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial July 21 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 303 Presstman St

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35851 100-001 E 35851

## CERTIFICATE OF DEATH

1-PLACE OF DEATH REGISTERED NO.

City of BALTIMORE: (No. 828 Whatcoat St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Jones jr

(a) RESIDENCE NO. 828 Whatcoat St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Colored | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-14-27

| 7 AGE | Years | Months | Days 6. | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | | 11 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Walter Jones

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Lancaster Co. Va

12 MAIDEN NAME OF MOTHER Maggie Layton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lancaster Co. Va

14 Informant mother

(Address) 828 Whatcoat St

15 Filed JUL 20 1928 16 Registrar R.M.C.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20-1928

17 I HEREBY CERTIFY, That I attended deceased from 7-6-, 1928, to 7-20-, 1928, that I last saw him alive on 7-20-, 1928, and that death occurred, on the date stated above, at 4:20 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Jos. A. Shumadine, M. D.

7-20-1928 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial July 22 192

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Pulaski St

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Walter Olszewski See letter on file

35852

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35852

## CERTIFICATE OF DEATH.

12 Form Dr Marino

C C Zimmerman

REGISTERED NO. Dated 7/27/28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST., 1-3 WARD)

2-FULL NAME Wally Olszewski

(a) RESIDENCE NO. 414 N. Mederia's ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Anna Olszewski

6 DATE OF BIRTH (month, day, and year): 1879 est

7 AGE: Years 49 est; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: O'Neill

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Peter Olszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Hosp. records

15 Filed JUL 21 1928, 19 — C. HARRISON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7 - 19 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-13-28, 19, to 7-19-28, 19, that I last saw h in live on 7-19-28, 19, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Ch. Endocarditis

(duration) yrs. mos. 6 weeks ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 6-14-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St Joseph

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary July

DATE OF BURIAL: 23 1928

20 UNDERTAKER: J. W. Ozgenski

ADDRESS: 1930 Eastern Ave

TION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 35853

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35853

## CERTIFICATE OF DEATH

REGISTERED NO. 167-001

**1-PLACE OF DEATH**

City of BALTIMORE: (No. Mercy Hospital St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** Baby Boy Snyder

(a) RESIDENCE NO. 1615 N. Fulton Ave, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/22/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | | 6½ Months Plus | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER John Carl Snyder

11 BIRTHPLACE OF FATHER (City or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Hilda Gronell

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Aunt Rose

(Address)

15 Filed ..... 19 ..... Registrar

JUL 21 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

5/22/28

17 I HEREBY CERTIFY, That I attended deceased from 5/22/28 19 , to 5/22/28 19 ,

that I last saw him alive on 5/22/28 19 ,

and that death occurred, on the date stated above, at 3:10 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edwin Basse' Hellan M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

Cremated by Hospital

20 UNDERTAKER — ADDRESS

See letter in file from Sister Susan

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35854

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35854

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 N. Bond ST. 8-17 WARD)

2-FULL NAME Thomas Brooks

(a) RESIDENCE No. 1401 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ellen Brooks

6 DATE OF BIRTH (month, day, and year) Don't Know

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Dennis Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John Brooks

(Address) 1401 N. Bond St

15 Filed ....., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 19th, 19.. to July 19th, 1928, that I last saw h.. alive on July 19th, 1928, and that death occurred, on the date stated above, at 10 15 AM

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

1 3 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Hours

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hale Toner, M. D.

(Address) 1401 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | July 23 1928 |
| 20 UNDERTAKER Ralph L. Turnuche | ADDRESS 1442 N Broadway |

L 24 1928 C. HARRISON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35855 × 49 E 35855

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Robb ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Holden E. Haseltine

(a) RESIDENCE NO. 2533 Robb ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W. | Widowed |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie M Haseltine

6 DATE OF BIRTH (month, day, and year) Feb 9, 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 70 | 5 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Moorestown N.J.

PARENTS

10 NAME OF FATHER Ebenezer Haseltine

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.J.

12 MAIDEN NAME OF MOTHER Sylvia Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.J.

14 Informant Robert E. Haseltine
(Address) 2533 Robb St.

15 Filed ....., 19.... Per .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to July 21, 1928, that I last saw h[illegible] alive on July 21, 1928 and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate Gland

CONTRIBUTORY (Secondary) (duration) 1 yrs. mos. ds. Acute Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr Herbert Wilkinson, M. D.

, 19 (Address) Walbert Apts Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore St | July 24 1928 |
| 20 UNDERTAKER Wm Cook | ADDRESS 502 E Monument |

Spec.—1-12-23—M&T—500 Bks.

E 35856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31 E 35856

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 N. High ST 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard O. Beam

(a) RESIDENCE No. 149 N. High St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: May Beam

6 DATE OF BIRTH (month, day, and year): March 15. 1884

7 AGE — Years: 44 — Months: 4 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer): 659

(c) Name of employer: Henry Voltz

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Frank Beam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ida Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: May Beam

(Address): 149 N. High St.

15 Filed JUL 21 1928, 19 — E. EMPSON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to July 20, 1928, that I last saw him alive on July 18, 1928, and that death occurred, on the date stated above, at 3 45 P.m.

The CAUSE OF DEATH* was as follows:

Caseous Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pulmonary T. B.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. M. Miller, M. D.

, 19 (Address) 1613 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Butler Md.

DATE OF BURIAL: 7/23 1928

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E. North Ave

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T³—500 Blks.

E 35857

# HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

E 35857

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 4-46 ST. ... WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William H. Ellis

(a) RESIDENCE No. 2834 Montebello Ave ST. ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mrs. William H Ellis

6 DATE OF BIRTH (month, day, and year) June 23. 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min |
|---|---|---|---|---|
| | 55 | 0 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Schultes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Margaret Ellis

(Address) 2834 Montebello Ave

15 Filed JUL 21 1928 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to July 20, 1928, that I last saw h[illegible] alive on July 20, 1928 and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer (Perforated.

(duration) 3 yrs. 7 mos ... ds.

CONTRIBUTORY (Secondary) Peritonitis.

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of July 20, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Thomas O Otto, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL July 23 1928

20 UNDERTAKER W. H. Cook ADDRESS 503 E Madison

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Edenburgh
90 Fulton - Lombard

E 35858

## CERTIFICATE OF DEATH

E 35858
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 South Bentlaw ST., 20-12 WARD)

2—FULL NAME Albert G. Carroll

(a) RESIDENCE NO. 509 South Bentlaw ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Della Carroll

7 DATE OF BIRTH (month, day, and year): Dec 4 1859

8 AGE — Years: 68 | Months: 7 | Days: 15 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Jane Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Della Carroll
(Address) 509 S. Bentlaw

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 19, 1928, that I last saw him alive on July 18, 1928, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows: Acute Congestion Pulmonary Tuberculosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myo-endocarditis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) James F. Hoffbauer, M. D.

7/20, 1928 (Address) 1729 E. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: 7/21 1928

20 UNDERTAKER: W. H. Cook

ADDRESS: 502 E. Wath

Spec.—1-12-23—M&T—500 Bks.

E 35859 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35859

## CERTIFICATE OF DEATH.

129

24-33

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No.) 415 Sanders (St.)

**REGISTERED NO.**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** Victoria Ashley

(a) **RESIDENCE NO.** 415 Sanders **ST.,** **WARD**

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Ashley

6 DATE OF BIRTH (month, day, and year) Sep't 28 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 9 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) House-wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel Linthicum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Snow Hill Md.

12 MAIDEN NAME OF MOTHER Mary E. Kirkwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Alverta Weston

(Address) 11th Ave. Brooklyn Park Md.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 19, 1928, that I last saw her alive on July 19, 1928, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney A. Street, M. D.

July 20, 1928 (Address) 1715 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cemetery | July 23 1928 |
| 20 UNDERTAKER | ADDRESS |
| John F. Denny | 715 Light St |

Spec.—1-12-23—M&T—500 Blks.

E 35860

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35860

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. WARD) 25-76 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lawrence

(a) RESIDENCE NO. 6th St Fairfield ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Widow |

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 (?) | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C

PARENTS

10 NAME OF FATHER Thos Ruffi

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Lucy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant BALTIMORE CITY HOSPITALS (Address) Records [redacted]

15 Filed DEC 21 1928 C. HARRISON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-5, 1928, to 7-19, 1928, that I last saw her alive on 7-19, 1928, and that death occurred, on the date stated above, at 7:00 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia, Left

Cerebral Hemorrhage, Rt

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes No

What test confirmed diagnosis? Physical Exam

(Signed) [signature], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL July 28

UNDERTAKER [illegible] ADDRESS [illegible]

E 35861

# HEALTH DEPARTMENT--CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113

E 35861

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 909 Ridgely 21-31 St.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Moxley MOXLEY

(Residence in Baltimore: No. 909 Ridgely St.; yrs. 6 mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Jan. 20, 1928 (Month) (Day) (Year)

7 AGE: ..... yrs. 6 mos. 0 ds. | If LESS than 1 day, ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo. E Moxley

11 BIRTHPLACE OF FATHER (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mamie Nunstea

13 BIRTHPLACE OF MOTHER (State or country): Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mamie Nunstea
(Address) 909 Ridgely St

15 Filed JUL 21 1928, 191 C. HAMPSON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 20, 1928 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1928 to July 19 1928.
that I saw h[illegible] alive on July 19, 1928.
and that death occurred, on the date stated above, at 7.45 A.M.
The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. E. Macloe M. D.
July 20, 1928 (Address) 3803 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Cem. | DATE OF BURIAL: 7-21 1928

20 UNDERTAKER: Bernard C. Hartz | ADDRESS: 1000 S Paca St

State CAUSE OF DEATH in plain terms. Name of disease is very important. See instructions on back of certificate.

Spec.—1-12-28—M&T—500 Blks.

Mitchell ✓

E 35862 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH.** X 90 E 35862

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 459 S. Augusta Ave. ST. 20-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luther Frederick John Mitchell

(a) RESIDENCE NO. Bloomsbury Ave, nr. Hill Top Rd., Catonsville ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Loretta Mitchell

6 DATE OF BIRTH (month, day, and year) August 29, 1889

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 39 | 10 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pharmist

(b) General nature of industry, business, or establishment in which employed (or employer) Drug

(c) Name of employer Mrs. Maud Piquette

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Luther A. Mitchell

11 BIRTHPLACE OF FATHER (city or town) Baltimore Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maria Hennich

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Co (State or country) Maryland

14 Informant Mrs. M. Loretta Mitchell (Address) Bloomsbury Ave nr Hill Top

15 Filed JUL 21 1928 C. HAMPSON JONES, Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) July 19 19 28

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to July 19, 1928, that I last saw h im alive on July 19, 1928, and that death occurred, on the date stated above, at 9.25 P. m.

The CAUSE OF DEATH* was as follows:

Vulvular Disease of Heart

(duration) 25 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry J. Fisher, M. D.

7/20, 1928 (Address) Augusta & Frederick Aves.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL July 23, 28

UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St

Spec.—1-12-23—M&T—500 lks.

E 35863 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35863

## CERTIFICATE OF DEATH.

REGISTERED NO. 75-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6208 Oak Lane, Cedarcroft ST. 27-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie P. Riggs

(a) RESIDENCE No. 6208 Oak Lane, Cedarcroft ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Warfield Riggs

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 79 | 5 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard County (State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Horsey

11 BIRTHPLACE OF FATHER (city or town) Howard Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Banks

13 BIRTHPLACE OF MOTHER (city or town) Howard Co. (State or country) Maryland

14 Informant Frank Campbell (Address) 6208 Oak Lane.

15 Filed JUL 21 1928, 19 C. HAMPSON JONES, Per Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 19 28

17 I HEREBY CERTIFY, That I attended deceased from 7/1, 1928, to 7/19, 1928, that I last saw her alive on 7/19, 1928 and that death occurred, on the date stated above, at [illegible] p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia,

(duration) yrs. 1 mos 19 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Hypostasis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. C. Stockman, M. D.

7/20, 1928 (Address) York Rd., Govanstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 23 19 28

UNDERTAKER Joseph B. Cook

ADDRESS Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 35864

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35864

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Oak St. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar Claxton

(a) RESIDENCE NO. 2201 Oak St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6 DATE OF BIRTH (month, day, and year) Nov. ? 1890

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 37 | 8 | ? | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Wm. Claxton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Martha Claxton

(Address) 2207 Oak St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1928

17 I HEREBY CERTIFY, That I attended deceased from March 10 1928, to July 18, 1928, that I last saw him alive on July 17, 1928, and that death occurred, on the date stated above, at 9 00 m

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Chronic Myocarditis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

& Dyspnea (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) G. D. Hall, M. D.

, 19 (Address) W 26 E 23 rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Randolph, Va.

DATE OF BURIAL 7/21/1928

20 UNDERTAKER Robert Williams

ADDRESS 1515 McElderry St

JUL 21 1928 C. HAMPSON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Blks.

E 35865

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35865

## CERTIFICATE OF DEATH

12

1—PLACE OF DEATH

REGISTERED NO. 26-11

CITY OF BALTIMORE: (No. 133 N. Highland ave ST., 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Sickler

(a) RESIDENCE NO. 133 N. Highland ST., 24 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Sickler

6 DATE OF BIRTH (month, day, and year): April 1860

7 AGE — Years: 68 — Months: 3 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at Home

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Mary Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Elmer Sickler

(Address): 133 N. Highland ave

15 Filed JUL 21 1928 C. HAMPSON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July. 19. 1928.

17 I HEREBY CERTIFY, That I attended deceased from July. 1. 1928. to July. 19. 1928.

that I last saw h[illegible] alive on July. 19. 1928.

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.

(duration) 1 yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary): None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinic Analysis Etc.

(Signed) Thos. Gordon, M. D.

7/29/28 (Address) 888 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem. — DATE OF BURIAL: July 23 1928

20 UNDERTAKER: Lilly Zeiler Inc — ADDRESS: 4038 Wolfe

Spec.—1-12-23—M&T—500 Blks.

E 35866

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 35866

BALTIMORE CITY HOSPITALS

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No. 9-46 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Anderson

(a) RESIDENCE NO. 2600 Pine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anderson

6 DATE OF BIRTH (month, day, and year) 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1928

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to July 19, 1928, that I last saw h[illegible] alive on July 19, 1928, and that death occurred, on the date stated above, at 7.10A m.

The CAUSE OF DEATH* was as follows:

(a) Generalized arteriosclerosis

(b) Cerebral hemorrhage

(c) Cerebral embolism

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prostatic hypertrophy

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. W. Mech M. D.

, 19 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | July 22 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mrs. R. A. Elliott | 715 Ashland Ave. |

BALTIMORE CITY HOSPITALS

JUL 21 1928 C. HAMPSON JONES

FILM BY MARYLAND STATE ARCHIVES

Spec.—1-10-21—M&T—1500 Bks.

E 35867

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

112 E 35867

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Ensor st. ST., 9-18 WARD)

2-FULL NAME Robert. L. Horn.

(a) RESIDENCE NO. 1707 Ensor st ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 6/ 26

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 6 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Harry. Horn.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Bertha White

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14

Informant Harry Horn.
(Address) 1707 Ensor st

15

Filed ..... 19 .....

JUL 21 1928 C. HAMPSON JONES, M.D. Registrar

Per .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17

I HEREBY CERTIFY, That I attended deceased from July 17. 1928, to July 20. 1928.

that I last saw h[illegible] alive on July 19th. 1928

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsions

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Intestinal Indigestion

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Veale M. D.

July 21 1928 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery. DATE OF BURIAL July. 23 1928

20 UNDERTAKER Geo. J. Ruth. ADDRESS 1735 Harford Av

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35868

## CERTIFICATE OF DEATH.

109-09 E 35868

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital 20-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Della Eva Strong

(a) RESIDENCE NO. 2109 W. Mulberry St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7/22

7 AGE — Years: 6 — Months: 5 — Days: 13 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Phila., Pa.

PARENTS

10 NAME OF FATHER Newton G. Strong

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Missouri

12 MAIDEN NAME OF MOTHER Dorothy Theodore

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) New York

14 Informant Father Newton G. Strong

(Address) 2109 W Mulberry

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac failure-Expired while tonsillectomy was being done.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Peters M. D.
(Coroner)

7/21/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Western Cemetery July 23 1928

20 UNDERTAKER George J. Smith ADDRESS 453 L Hollins

very important. See instructions on back of certificate.

DEC 2 1928

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35869

## CERTIFICATE OF DEATH.

124 E 35869

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 W. Hamburg ST. 7-1-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise A Gubernatis

(a) RESIDENCE NO. 735 W. Hamburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Gubernatis

6 DATE OF BIRTH (month, day, and year): Sept 17, 1850

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 10 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Daniel Kleinhenn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Steck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Caroline Snyder

(Address) 208 N. Monroe St

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19 1928

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1928, to July 19, 1928,

that I last saw h alive on July 19, 1928

and that death occurred, on the date stated above, at 7 10 p m.

The CAUSE OF DEATH* was as follows:

arteria Sclerosis, chronic nephritis

about (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual tests

(Signed) H. E. Kirwin, M. D.

July 20, 1928 (Address) 4025 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 7/23/1928

20 UNDERTAKER: Philip Steurg

ADDRESS 2016 Eutaw St.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Bks.

E 35870 HEALTH DEPARTMENT—CITY OF BALTIMORE 35870

CERTIFICATE OF DEATH. 90 E 35870

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Peaker

(a) RESIDENCE No. 536 Nunsen ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Col | wid |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Emmette Pees

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant BALTIMORE CITY HOSPITALS [redacted] (Address)

15 Filed . 19 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-14, 1928, to 7-19, 1928, that I last saw him alive on 7-19, 1928, and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr & Acute

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertention & arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy, Phy Exam

(Signed) C. J. Holmes M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 7/23 1928

20 UNDERTAKER J H Jacobius ADDRESS 1017 Lindsell

CAUSE OF DEATH must be filled in plainly, and not in terms of symptoms or mode of dying. See instructions on back of certificates. CERTIFICATION is very important

[illegible] HANSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

29-001 35871 ✓

E 35871

## CERTIFICATE OF DEATH.

E 35871

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Messina

(a) RESIDENCE NO. 1068 1/2 Granby St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5/1913

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 15 | 2 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger boy

(b) General nature of industry, business, or establishment in which employed (or employer) Postal Telegraph

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frank Messina

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Frances Ruusso

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Salvatore Messina

(Address) 704 N. Appleton St

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus- Blank cartridge wound in hand June 30/28

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Price, M. D.

(Coroner)

7/21/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial July 23 1928

20 UNDERTAKER Frank C. Taylor ADDRESS 2815 E. Baltimore

JUL 27 1928 C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 35872

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35872

## CERTIFICATE OF DEATH.

35872

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 North Bouldin St. 16-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Neuman

(a) RESIDENCE NO. 514 N. Bouldin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MARIE NEUMAN

6 DATE OF BIRTH (month, day, and year) Aug 8, 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|
| | 64 | 11 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work TAILOR

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Czechoslovak

PARENTS

10 NAME OF FATHER Charles Neuman

11 BIRTHPLACE OF FATHER (city or town) Jahimov (State or country) Czekoslovakia

12 MAIDEN NAME OF MOTHER Anna Supitz

13 BIRTHPLACE OF MOTHER (city or town) Jahimov (State or country) Czekoslovakia

14 Informant Emil G. Neuman (Address) 519 N. Bouldin St

15 Filed ..... 19 ..... Registrar

E. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6 1927 to July 21 1928

that I last saw him alive on July 21 1928

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

General Sepsis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Ryan M.D.

(Address) 801 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Mill Cemetery — DATE OF BURIAL: July 24 1928

20 UNDERTAKER: August Parek — ADDRESS: 2406 Ashland Ave

FILL IN ALL ITEMS—Use ink—Be very important—See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35873

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35873

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. Bablo City Hospital ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara Rudroff

(a) RESIDENCE NO. 1023 Somerset ST., ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. —mos. —ds. How long in U. S., if foreign birth? 65 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Peter Rudroff

6 DATE OF BIRTH (month, day, and year) Not Known

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| Abt | 83 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mr. Jenkins

(Address) 1308 E Eager St

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 1928

17 I HEREBY CERTIFY, That I attended deceased from July 18 1928, to July 21 1928

that I last saw h alive on July 20th 1928

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C V Stover, M. D.

July 22, 1928 (Address) 1501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | July 23 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hock & Son | 1309 E Eager St |

Cor.—12-9-25—A Co.—200 Bks.

E 35874

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

7-00135874.

E 35874

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 313 N. Carrollton Ave. St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Upshur Collins.

(a) RESIDENCE NO. 718 W. Dolphin St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Collins

6 DATE OF BIRTH (month, day, and year) 1883

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Jack Collins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Tillie West

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mrs. Annie Collins.

(Address) 718 W. Dolphin St.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Eugene Zeller, M. D. (Coroner)

7/20/ 19 28. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harbotson Va Date of Burial July 22 1928

20 UNDERTAKER Samuel Nevins ADDRESS 518 N. Bdle

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 35875

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35875

46 E 35875

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Mt. Holly St. 15-65 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Bathgate

(a) RESIDENCE No. 2105 Mt Holly St. ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Bathgate

6 DATE OF BIRTH (month, day, and year) May 19th 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 66 | 8 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work As House

(b) General nature of industry, business, or establishment in which employed (or employer) Pvt

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co. (State or country) Md

PARENTS

10 NAME OF FATHER William O. Carlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary A. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Annie Edna Jeans

(Address) 2105 Mt. Holly St

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to July 20, 1928, that I last saw h.. alive on July 20, 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus (Body)

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney E. Street, M. D.

7/21, 1928 (Address) 445 E Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 7-25 1928

20 UNDERTAKER Wm. J. Luckman Sons

ADDRESS Fa. North Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35876

35876.

## CERTIFICATE OF DEATH.

129 E 35876

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S 13th St. 06-37 WARD)

2-FULL NAME William M Smith

(a) RESIDENCE NO. 424 S. 13th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Moerschel

6 DATE OF BIRTH (month, day, and year) Sept 11 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 55 | 10 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Paris

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Paris

14 Informant: Mrs Margaret Smith

(Address) 424 S 13th St

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1925

17 I HEREBY CERTIFY, That I attended deceased from 5-20, 1928, to 7-20, 1928, that I last saw h[illegible] alive on 7-14, 1928, and that death occurred, on the date stated above, at 3 05 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Koons M. D.

7/14 1928 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: July 23 1928

20 UNDERTAKER: John Lerch

ADDRESS: 2008 Orleans

HON. IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 35877

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35877
90 E 35877

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3035 Westwood Ave (St.) (Ward) 46

2-FULL NAME Agatha Boerner

(a) RESIDENCE NO. 3035 Westwood Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Boerner

6 DATE OF BIRTH (month, day, and year) Feby 28 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 4 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ludwig Jaeckle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Jaeckle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm Boerner (Address) 3030 Westwood Ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1928 to July 20, 1928.

that I last saw him alive on July 20, 1928

and that death occurred, on the date stated above, at 8 (illegible) P m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What test confirmed diagnosis?

(Signed) Carl Brunn M. D.

(Address) 4786 Liberty Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL July 23 1928

20 UNDERTAKER John Ulrich

ADDRESS 2908 Erdman

HON. is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35878 HEALTH DEPARTMENT—CITY OF BALTIMORE 35878

CERTIFICATE OF DEATH. 90 E 35873

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 E Chase ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Henry Starr

(a) RESIDENCE NO. 2021 E Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philopena Starr

6 DATE OF BIRTH (month, day, and year): Apr 15 1845

7 AGE: Years 83; Months 3; Days 5; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 050

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Starr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Caroline Small

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Wm Starr

(Address): 2021 E Chase St

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 28

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1928 to July 20, 1928

that I last saw h... alive on July 20, 1928

and that death occurred, on the date stated above, at 6 35 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Ned Bowers M. D.

(Address) 800 N Duke St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem DATE OF BURIAL: July 23 28

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Orleans

JUL 2 1928 HAMPSON JONES M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35879

## CERTIFICATE OF DEATH.

188-00835879.

REGISTERED NO. E 35879

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Rear of 1112 N. Washington St 8-17 Ward)

2-FULL NAME Charles Igna. Cavey

(a) RESIDENCE NO. 1112 N. Washington St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W iye | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 28/1915

| 7 AGE | Years | Months | Days 22 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 13 | 3 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles K. Cavey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Woodstock, Md.

12 MAIDEN NAME OF MOTHER Lillian Clemson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mother

(Address) 1112 N. Washington

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20/19 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. Skull and crushed chest. Accidently runover by "runaway" horse & wagon.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

19 (Address) 7/22/28 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Date of Burial July 23rd 28

20 UNDERTAKER Wm Neudfeld ADDRESS 914 Gunnell Ave

Spec.—1-12-23—M&T—500 Blks.

E 35880

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

35880. ✓ X 46 E 35880

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Sinai Hospital ST. 25-72 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J Doyle

(a) RESIDENCE NO. Richmond, Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 64 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeping

(b) General nature of industry, business, or establishment in which employed (or employer): Dr

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know

12 MAIDEN NAME OF MOTHER: Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know

14 Informant: His Father Records

(Address): Balto Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1928

17

I HEREBY CERTIFY, That I attended deceased from April, 1928, to July 22, 1928, that I last saw h... alive on July 21, 1928, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Embolism Coronary

(duration) ..... yrs. 10 mos ..... ds.

CONTRIBUTORY (Secondary) Metastasis (General)

(duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thomas P. Wharton, M. D.

, 19 (Address) 3326 Baltimore Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia — DATE OF BURIAL: July 22 1928

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM P. MOWEN, Successor) — ADDRESS: 208 W. NORTH AVE.

...TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35881 ✓ + 170 E 35881

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Morris

(a) RESIDENCE NO. 104 E. Front, Burlington, N.C Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. // ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer) Employee

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Greece

PARENTS

10 NAME OF FATHER Peter Morris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Greece

12 MAIDEN NAME OF MOTHER Mary ----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ---

14 Informant

(Address)

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Brain Abcess; Meningitis & Pneumonia- 14 days.
Gunshot Wound of brain- Attempted Suicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) over

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Rowe M. D.
(Coroner)

7/22/28 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem Date of Burial 7/23 1928

20 UNDERTAKER Robt Brooks & Son ADDRESS Eutaw & Baltimore

Very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 35882

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

135 E 35882

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Jno. Edward Wade

(a) RESIDENCE NO. 2701 N. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 26-1863

7 AGE — Years: 64 Months: 8 Days: 24 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priest

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) ~~Michael Wade~~

PARENTS

10 NAME OF FATHER Michael Wade

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Naughton

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Ireland

14 Informant Miss Wade

(Address) 2601 Maryland Ave

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/20/28 19

17 I HEREBY CERTIFY, That I attended deceased from 6/21/28, 19, to 7/20/28, 19, that I last saw h. alive on 7/20/28, 19, and that death occurred, on the date stated above, at 3:30 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Prostatectomy

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7/19/28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) J. S. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery Date of Burial 7/24/28

20 UNDERTAKER: Chas. S. Maus & Son ADDRESS 1811 W. Baltimore St.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35883

## CERTIFICATE OF DEATH.

72 E 35883

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 E. 21st St (WARD) 12-50

2-FULL NAME Patrick J. Lavin

(a) RESIDENCE NO. 324 E. 21st St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Lavin

6 DATE OF BIRTH (month, day, and year) 3/25 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 3. | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Water Depot, Baltimore, Md.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Lavin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie E Lavin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Lavin

(Address) 324 E 21 St

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 19, 1928, to July 19, 1928

that I last saw him alive on July 19, 1928

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia (Tabes dorsalis)

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Paralysis of Respiratory center.

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tonry, M. D.

7-19 1928 (Address) 1414 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Joseph's Texas Md | 7/23 1928 |

20 UNDERTAKER George J. Ruth ADDRESS 1700 Harford Ave

TION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35884
1—PLACE OF DEATH

## CERTIFICATE OF DEATH

31 E 35884

REGISTERED NO. 23-32

CITY OF BALTIMORE: (No. 139 W. Randall ST. (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia Marshall.

(a) RESIDENCE NO. 139 W. Randall ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 3 mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White. | Widowed. |

a If married, widowed, or divorced HUSBAND of (or) WIFE of late George W. Marshall.

6 DATE OF BIRTH (month, day, and year) April, 18, 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or.. min. |
|---|---|---|---|---|
| | 39. | 3. | 1. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Char Woman.

(b) General nature of industry, business, or establishment in which employed (or employer) A. & P. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Sticker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Annie Ross.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Annie Sticker, (Mother).
(Address) 1748 Clarkson St.

15 Filed July 24, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19/28

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to July 19, 1928, that I last saw h alive on July 19, 1928 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Tuberculosis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. E. H. Campbell M. D.

July 24, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill Cem. | July 23, 1928 |
| 20 UNDERTAKER | ADDRESS |
| C. Howard Evans | 838 Hanover |

Spec.—I-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35885

## CERTIFICATE OF DEATH.

111-001

REGISTERED No. E 35885

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.) 18-29 (WARD)

2-FULL NAME Frank Dabumbastis ZEMAITAITIS

(a) RESIDENCE No. 949W Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1902

7 AGE 26 Years — Months — Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Anthony Zemaitaitis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithvania

12 MAIDEN NAME OF MOTHER: Mary Pukus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithvania

14 Informant: A. Zemaitaitis

(Address): 949 W Lombard Street

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 20, 1928, that I last saw h alive on July 20, 1928, and that death occurred, on the date stated above, at 2:00 P m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric ulcer

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) Peritonitis Tuberculosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. A. Lampkin, M. D.

7/20, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 23, 1928

20 UNDERTAKER: John Grebliauckas L.E. — ADDRESS: 423 S Paca St.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35886

## CERTIFICATE OF DEATH.

31 E 35886

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 Ridgely St.) 21-24 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alex. Naravas

(a) RESIDENCE No. 1326 Ridgely ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 20 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 6 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coat Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Eva Stambiskinte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Mrs. Alex. Naravas
(Address) 1326 Ridgely St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to July 20, 1928, that I last saw him alive on July 16, 1928, and that death occurred, on the date stated above, at 11.55 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) — yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab. Findings

(Signed) John A. Buchmeyer M. D.

19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | July 24 1928 |
| 20 UNDERTAKER | ADDRESS |
| John Geblinger | 23 S. Pa |

THIS IS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35887

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

See letter file in Dr Fenton dated 7/25/28

74-00

E 35887

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 827 S Decker Ave St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Varga

(a) RESIDENCE NO. 827 S Decker Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Varga

6 DATE OF BIRTH (month, day, and year): Dec 13 1875 Investigation

7 AGE: Years 52 ~~64~~ Months 8 Days 7 IF LESS than 1 day.....hrs. or.....min. 8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Old

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer: Eastern Rolling mill

9 BIRTHPLACE (city or town)

(State or country): Poland

PARENTS

10 NAME OF FATHER: Andrew Varga

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: John Varga

(Address) 827 S Decker Ave

15 Filed....., 19 C. KEARNEY JOHNS, M. D.

JUL 23 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) .....yrs. .....mos. 1/2 hour

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Fenton M. D.

(Coroner)

7/24 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: July 24 1928

20 UNDERTAKER: Faust Brockdorf ADDRESS 1906 Eden St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 35888

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35888

109-002

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] ST., 8-45 (WARD)

CITY OF BALTIMORE: (No. .....

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie C. Luckan

(a) RESIDENCE NO. 16 r 7 Cliff view ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Wid. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not married

6 DATE OF BIRTH (month, day, and year) Aug 4, 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 57 | 11 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) md

PARENTS

10 NAME OF FATHER Frank P. Kress

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Loida

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant [redacted] (Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19.... [redacted] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-21 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-17, 1928, to 7-21, 1928, that I last saw her alive on 7-21, 1928, and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Vincents Angina (mouth & Pharynx)

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [redacted], M. D.

, 19.... (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 7/24 1928

20 UNDERTAKER Wm Cook

ADDRESS 2025 E Monument

See instructions on back of certificates. Very important! Exact statement of OCCUPATION should be properly classified.

Spec.—2-29-28—L. F. S.—500 Blks.

Whittle MD
1229 Calvert

# E 35889 HEALTH DEPARTMENT—CITY OF BALTIMORE

160 E 35889

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Brighton ST. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert L. Burkhardt

(a) RESIDENCE NO. 3113 Brighton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 8yrs mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Claude R. Burkhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala

12 MAIDEN NAME OF MOTHER Helen Hervey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass

14 Informant Claude R Burkhardt
(Address) 3113 Brighton St

15 Filed 2-29-28 19 C.H.P. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21-1928

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to July 6, 1928, that I last saw him alive on July 6, 1928, 19, and that death occurred, on the date stated above, at 2 55 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition & Inanition

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) as above.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Lyman Whittle M. D.

19 (Address) 1229 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnnod

DATE OF BURIAL 7/23 19

UNDERTAKER Wilkins Cook

ADDRESS 502 E North

Follow the instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35890

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35890

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 19-24 Ward)

2-FULL NAME Mark Dyser

(a) RESIDENCE NO. 1816 W Dover St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25/1877

7 AGE — Years: 47 — Months: 2 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer): Himself

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto City

PARENTS

10 NAME OF FATHER: L J Dyser

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: John H Williams

(Address): 1816 W Dover

15 Filed....., 19 HAL C Riley Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Cert

(duration) .....yrs. 3 mos. .....ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) .....yrs. 5 mos. 7 ds.

(Signed) Jno M Hunton M. D.
(Coroner)

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents only)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

1816 W Dover

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

Date of Burial: 7/21 1928

20 UNDERTAKER: J W Cook

ADDRESS: 707 E Monument

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Maggie Marrow

E 35891

# HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 35891

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. ) ST. 10-14 WARD)

2-FULL NAME Maggie Marrow

(a) RESIDENCE No. 1215 Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | White | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1845

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 2 3 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/17, 1928, to 7/21, 19 28

that I last saw h[illegible] alive on 7/21, 19 28

and that death occurred, on the date stated above, at 12.35 P.M.

The CAUSE OF DEATH* was as follows:

Cancer

Coma of the brain

Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 7/24 1928

20 UNDERTAKER [illegible] Cook — ADDRESS 501 E North Ave

FROM a very important SEE INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35892

## CERTIFICATE OF DEATH.

E 35892

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 Pierce ST. 17-25 WARD)

2-FULL NAME John H. Jamison

(a) RESIDENCE NO. 653 Pierce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | BLK | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Jamison

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer London apts—

9 BIRTHPLACE (city or town) (State or country) St Mary Co Md

PARENTS

10 NAME OF FATHER Wm Jamison

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co Md

12 MAIDEN NAME OF MOTHER Liz White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary Co Md

14 Informant (Address) Mary J. Williams 109 Arlington Ave

15 Filed [illegible] 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1928

17 I HEREBY CERTIFY, That I attended deceased from July 14th 1928. to July 21 1928. that I last saw him alive on July 21st 1928. and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Perforation Intestine

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Gustav Bradmann M. D.

, 19 (Address) 656 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Grayson Whf. Md | 7/23 1928 |

20 UNDERTAKER Daniel Easton ADDRESS 916 Paca.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35893

## CERTIFICATE OF DEATH

E 35893

REGISTERED NO. 25-75

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Potomac Ave (Brooklyn) ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret M. Hitch

(a) RESIDENCE NO. 839 Potomac Ave (Brooklyn) ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred— yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey F. Hitch

6 DATE OF BIRTH (month, day, and year) Oct. 2 - 1869.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 9 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Evansville Ind.

PARENTS

10 NAME OF FATHER Spencer Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. E. A. Armstrong

(Address) 839 Potomac Ave. Brooklyn

15 Filed ..... 19 ..... Registrar

JUL 23 1928 C. RAMPSON JONES, M.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21-1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1928, to July 21, 1928, that I last saw her alive on July 20, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cancer of Cervix

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. F. Hall Jones, M. D.

July 22, 1928 (Address) 839 Potomac Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL July 23 1928

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

E 35894

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35894

1-PLACE OF DEATH

City of BALTIMORE: (No. 587 Oxford St., 17-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Curtis.

(a) RESIDENCE NO. 5876 Oxford St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fml

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. Curtis.

6 DATE OF BIRTH (month, day, and year): Feb 25-1885

7 AGE: Years 43 Months 4 Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Aberdeen Md

PARENTS

10 NAME OF FATHER: Virgil Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Aberdeen Md

12 MAIDEN NAME OF MOTHER: Christine Rundell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Aberdeen Md

14 Informant: Thos Smith (Address) 5876 Oxford

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Hemorrhage

(duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) (Coroner) M. D.

July 26 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial July 22nd 1928

20 UNDERTAKER: A. Jones ADDRESS 1115 Gilmor

very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1000 Bks.

E 35895

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35895

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 1111 N. Monroe St. 16-22 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Goodman

(a) RESIDENCE. No. 1111 N. Monroe ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Goodman

6 DATE OF BIRTH (month, day, and year) Feb. 16, 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 5 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER — Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germans

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna Goodman

(Address) 1111 N. Monroe St

15 Filed . 19 Registrar

JL 23 1928 C. HAMPSON JONES M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1928

17 I HEREBY CERTIFY, that I attended deceased from Jan. 1, 1928 to July 22, 1928.

that I last saw him alive on July 21, 1928

and that death occurred, on the date stated above, at 12:20 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Pneumonia (bronchial)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) (Senile) Gangrene right foot

(duration) yrs. 7 mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June '28

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam.

(Signed) Factus I. Foggett, M. D.

. 19 (Address) 1015 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Friendship Cem. | 7/24 1928 |
| 20 UNDERTAKER | ADDRESS |
| David Sondheim | 115 & 117 W. Mt. Royal Ave |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 35896

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35896

## CERTIFICATE OF DEATH.

1928

1-PLACE OF DEATH

City of BALTIMORE: (No. Mar 626 N. Carey St. 16-23 Ward)

Registered No.

2-FULL NAME. Marie Flora Perry

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 626 N. Carey St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Col

5-~~Single~~, Married, Widowed, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar. 20, 1905

7-AGE. 23 yrs. 4 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student at School

(b) General nature of industry, business, or establishment in which employed (or employer). House-work

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Wm. Perry

11-BIRTHPLACE OF FATHER (city or town) (State or Country). S. Carolina

12-MAIDEN NAME OF MOTHER. Mary Wickam

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md.

14-

(Informant). Mary Williams

(Address). 626 N. Carey St.

15-

Filed. 19. C. HARRISON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7-21-28

17- I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to July 21, 1928, that I last saw h.e alive on July 21, 1928, and that death occurred, on the date stated above, at 6.35 p. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood count

(Signed) H. Maceo Williams M. D.

7-22, 1928 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| Mt. Auburn | July 24, 1928 |
| 20-UNDERTAKER. | ADDRESS |
| Saml. W. Chase Estate | 1400 Myrtle |

Instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

21478 3 E 35897

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

38 E 35897

1—PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Colison

(a) RESIDENCE NO. 507 Apples Court ST., City WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Baby |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 30 1928

| 7 AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 3 months | 3 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Colison.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Eason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Parents
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 29 1928, 19 ..... C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21-1928

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to July 21, 1928, that I last saw h/ Malive on July 21, 1928 and that death occurred, on the date stated above, at 7 30 a m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

..... (duration) Premature yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Otitis media - bilateral & Diarrhea (duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Cong. Syphilis at home Contributory in Johns Hopkins

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? None

(Signed) H. C. Jones, M. D.

7/22, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Lawn | July 23 1928 |
| 20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 1725 Eastlund Ave. |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35898

## CERTIFICATE OF DEATH.

91-001 E 35898

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (B.24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Whittington

(a) RESIDENCE No. 1131 Druid Hill ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | ? |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wesley Whittington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17

I HEREBY CERTIFY, That I attended deceased from July 17, 19 28, to July 20, 19 28, that I last saw her alive on July 20, 19 28 and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Rupture of arteriosclerotic dissecting aneurism of the aorta.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Path and Clinical

(Signed) Henry C Smith, M. D.

7-20 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn

DATE OF BURIAL 7/24 1928

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS July 24, 1928 1725 Eutaw Pl

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 35899

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74001 E 35899

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 12-51 Ward)

2-FULL NAME Catherine Tennessee

(a) RESIDENCE NO. 2802 Remington Ave., St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Tennessee

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1889.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 39 | 5 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Taylor

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Lang

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Mr. P. Tennessee

(Address) 2802 Remington Ave.

15 Filed _____, 19 _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 20, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Edgar Tillett, M. D.

(Coroner)

7/23/ 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Date of Burial July 23 1928

20 UNDERTAKER Mac. R. G. Elliott ADDRESS 1723 Aisquith

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35900

## CERTIFICATE OF DEATH.

90 E 35900

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 N. Washington ST. 8-17 WARD)

2-FULL NAME Margaret E. Ludar

(a) RESIDENCE NO. 1334 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single, Married, Widowed, or Divorced, (write the word)~~ |
|---|---|---|
| Female | white | Widow |

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John W. Ludor

6 DATE OF BIRTH (month, day, and year) Aug 24-1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 10 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Lexington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Emily Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant (Address) John E. Ludor 1318 N. Washington St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20. 1928

17

I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to July 20, 1928, that I last saw h[illegible] alive on July 20, 1928 and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frahm, M. D.

7/21 1928 (Address) 1823 N. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkwood Cemetery | July 23 1928 |

20 UNDERTAKER Robt J. Turnbiche ADDRESS 1412 N Broadway

C. HARRISON JONES, M.D.

Spec.—1-12-23—M&T—500 Blks.

E 35901 HEALTH DEPARTMENT—CITY OF BALTIMORE 74001 E 35901

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Brentwood ST. ave WARD 16-15)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Kirkwood

(a) RESIDENCE NO. 1032 Brentwood ST. ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F Kirkwood

6 DATE OF BIRTH (month, day, and year) June 24 48

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 0 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Mrs E F Jenkins

(Address) 1032 Brentwood

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 21, 1928, that I last saw h alive on July 20, 1928 and that death occurred, on the date stated above, at 3 am

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J Patrick, M. D.

, 19 (Address) 936 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL July 23 1928

20 UNDERTAKER H M Rowlson

ADDRESS 2238 N Mt

Spec.—7-17-26—A Co.—200 Bks.

E 35902

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

101-001 E 35902

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland Gen. Hospital (St.) 425 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Portus P. Lee

(a) RESIDENCE NO. 622 N. Eutaw St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 10 - 12 - 1890

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 37 | 9 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) iron worker

(r) Name of employer

9 BIRTHPLACE (city or town) Chicago Ill.

(State or country)

PARENTS

10 NAME OF FATHER John T. Lee

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Illinois

12 MAIDEN NAME OF MOTHER Alice Stark

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Illinois

14 Informant Patient per Admitting Office

(Address) Hospital - Hoop Pine

15 Filed 19 Registrar

JUL 23 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1928 19

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to July 22, 1928, that I last saw h. in alive on July 22, 1928, and that death occurred, on the date stated above, at 8:25 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia Lobar

12 Hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (Septic)

37

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 6/7/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical + X Ray Findings

(Signed) Paul Hampton Davis, M. D.

19 (Address) 11 W. Gen. Hooper

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greensboro N.C.

Date of Burial July 23rd 1928

20 UNDERTAKER Hewitt Jenkins Bowie

ADDRESS McCulloh & Orchard Sts.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35903

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 35903

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 713 Baker ST. 15-21 WARD)

2-FULL NAME Janie Rice

(a) RESIDENCE No. 713 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fe | Col | Single |

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907 - August

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 20 | 10 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl -

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William R. Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte Pennyfly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland -

14 Informant William R. Rice -
(Address) 713 Baker St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1927

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1927, to July 21, 1927, that I last saw h— alive on July 21, 1927, and that death occurred, on the date stated above, at 1.25 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis - Indefinite

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam -

(Signed) Garland Schmidt M. D.

July 23, 1927 (Address) 1534 - Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL 7-24 1927

20 UNDERTAKER George T. A. Gibson ADDRESS 1735 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 35904

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35904

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 3525 Fremont Ave ST., 9-47 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. A. Raine

(a) RESIDENCE No. 3525 Fremont Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Raine

6 DATE OF BIRTH (month, day, and year) Dec 23 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 6 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter carrier

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer U. S. Gov.

9 BIRTHPLACE (city or town) (State or country) Lancaster Co Va.

PARENTS

10 NAME OF FATHER Wm H. Raine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Maenora Maston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Leah R. Eichelberger

(Address) 3525 Fremont Ave

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to July 20, 1928, that I last saw him alive on July 20, 1928, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma -

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death -

Did an operation precede death? Yes Date of March 1928

Was there an autopsy? No -

What test confirmed diagnosis? Operation & Clinical

(Signed) John D. Feeley, M. D.

7/21/28 (Address) 43. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL July 23 1928

20 UNDERTAKER Hughes & Jones Inc

ADDRESS 424 W. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks. Susan R Duvall ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35905 E 35905

## CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 331 E. 25th. St. 17-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Rebecca Duvall.

(a) RESIDENCE No. 331 E. 25th. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marshall Duvall.

6 DATE OF BIRTH (month, day, and year) Jan-6-1843

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|---|
| | 85 | 6 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work XX. Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Thomas Port-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Herdon Krause

(Address) 331 E. 25th St.

15 Filed JUL 23 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1928

17

I HEREBY CERTIFY, That I attended deceased from January 4, 1926, to July 21, 1928, that I last saw h[illegible] alive on July 21, 1928, and that death occurred, on the date stated above, at 10:15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast with metastasis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia from same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe, M. D.

July 23, 1928 (Address) 424 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL July 24 1928

20 UNDERTAKER Hughes & Hoke Inc. ADDRESS 1912 W. Baltimore

IMPORTANT. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35906

101-001

E 35906

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 914 N. Gilmor St. 16-22 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Wesley Diggs

(a) RESIDENCE NO. 914 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ellen Diggs

6 DATE OF BIRTH (month, day, and year): July 16th 1861

7 AGE: Years 67 Months 0 Days 14

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer): Mg-Foreman

(c) Name of employer: Bath Front Shipbuilding Co.

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Diggs

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Mrs. Mary E. Diggs

(Address): 914 N. Gilmor

15 Filed ..... 19 ..... C. HAMILTON JONES, M.D. Registrar

JUL 23 1928 Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20th 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 19th, 19 28, to July 20th, 19 28, that I last saw h alive on July 20, 19 28, and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation Pneumonia (Primary)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. E. Lee, M. D.

19 (Address) 914 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial July 22 1928

20 UNDERTAKER: Samuel Hemsley Jr. & Bro. ADDRESS 1228

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35907

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74001

E 35907

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE (No. 2513 Eastern ave ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Magdalena Connors

(a) RESIDENCE NO. 2513 Eastern ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Connors

6 DATE OF BIRTH (month, day, and year) Dec 1872

7 AGE — Years 55 | Months 7 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Conrad Bienstbes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elis. Kraft

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant John Connors

(Address) 2513 Eastern ave

15 Filed ..., 19 Registrar

C. HARRISON JONES, M.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to July 19th, 1928, that I last saw h[er] alive on July 18th, 1928 and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman J. Gliening, M. D.

1928 (Address) 1900 Eastern Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 7/23 1928

20 UNDERTAKER J. A. Moran — ADDRESS 3000 E. Balto.

Spec.—1-12-23—M&T—500 Bks.

E 35908

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35908

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE, (No. 24-35 ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Winterling

(a) RESIDENCE No. 1120 Hanbert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 10 mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (Write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Winterling

6 DATE OF BIRTH (month, day, and year) Sept 7 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 10 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md (State or country)

PARENTS

10 NAME OF FATHER Geo Winterling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Wentzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant BALTIMORE CITY HOSPITALS [redacted] (Address)

15 Filed 19 Registrar

C. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-20, 1928, to 7-22, 1928

that I last saw him alive on 7-22, 1928

and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Banti's Disease

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis, Chr.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical & Lab.

(Signed) M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL 7-25-28

20 UNDERTAKER Chas B. Hanks

ADDRESS 115 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35909

## CERTIFICATE OF DEATH.

x 179 E 35909

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md Gen Hosp. 11-24 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Mc Laughlin.

(a) RESIDENCE NO. 304-E. Fayette St Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice A McLaughlin

6 DATE OF BIRTH (month, day, and year): May 28 1882

7 AGE: Years 46 Months Days 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bridgeman

(b) General nature of industry, business, or establishment in which employed (or employer): Beth Steel Co.

(c) Name of employer

9 BIRTHPLACE (city or town): N. Y.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address): Hosp Record.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Explosive Burns Head, trunk upper & lower extremities

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock Burns

(duration) yrs. mos. ds.

(Signed) F. B. Link M. D.

(Coroner) July 24 19 (Address) North Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Manchester N. H. Date of Burial July 22 1925

20 UNDERTAKER: John F Denny ADDRESS 715 L. St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35910

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 434 E Cross St. 24-33 (D)

REGISTERED NO. E 35910

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence V Catterton

(a) RESIDENCE NO. 434 E Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29 1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 9 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Clarence M. Catterton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Margaret Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Clarence M Catterton

(Address) 434 E Cross St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1928

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to July 21, 1928

that I last saw h alive on July 21, 19

and that death occurred, on the date stated above, at 11 45 A. m.

The CAUSE OF DEATH* was as follows:

Otitis Calitis X

Congenital Mental Defiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. B. H. Campbell, M. D.

July 21st, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: 7/23 28

20 UNDERTAKER: Gus. G Denny — ADDRESS: 716 Light St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35911

161-002

## CERTIFICATE OF DEATH.

E 35911

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 118 Warren ave ST. 27-33 WARD)

2-FULL NAME Jennie D. Kehs.

(a) RESIDENCE No. 118 Warren Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-21-28

7 AGE — Years — Months — Days — If LESS than 1 day 12 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George D. Kehs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ethel D Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George D. Kehs (Address) 118 Warren ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-21, 1928, to 7-22, 1928

that I last saw h[illegible] alive on 7-22, 1928

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth (7 months gestation) Probable Cerebral Hemorrhage.

(duration) ..... yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) James Broton M.D.

, 19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross a a Co — DATE OF BURIAL: 7-23 1928

20 UNDERTAKER: E & B Harle — ADDRESS: 115 E Wash St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35912 E 35912

## CERTIFICATE OF DEATH.

12-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1835 Lexington ST. 24-34 (WARD)

2-FULL NAME John Appel

(a) RESIDENCE NO. 1835 Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Mall | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Ginter Appel

6 DATE OF BIRTH (month, day, and year) Dec 7-1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 7 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Watchman

(c) Name of employer Gas Company Baltimore Md

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Appel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Bear

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Ginter Appel

(Address) 1835 Lexington St

15 Filed JUL 23 1928, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1928

17 I HEREBY CERTIFY, that I attended deceased from Jan 1, 1927, to July 22, 1928, that I last saw h alive on July 22, 1928, and that death occurred, on the date stated above, at 840 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(duration) 1 yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) C. Wheatley, M. D.

(Address) 1279 Fulham Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 7/25/1928

20 UNDERTAKER Geo. Nebus Son — ADDRESS 503 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

E 35913

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35913

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N. Gilmore ST., 15-21 WARD)

2-FULL NAME Mamie Makel

(a) RESIDENCE NO. 1620 N. Gilmore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) married.

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Harrison Makell.

6 DATE OF BIRTH (month, day, and year) Sept, 17, 1900

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 10 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Christian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice Tilghman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert co md

14 Informant Harrison Makell.

(Address) 1620 Makell.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1928, to July 20, 1928.

That I last saw h e alive on July 20, 1928,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. 2 mos 2/ ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Lauenbach M. D.

7-21, 1928 (Address) 2215 N. Howard Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL July 24 1928

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35914

# HEALTH DEPARTMENT—CITY OF BALTIMORE

92

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. E 35914

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] ST., 8-17 WARD)

2-FULL NAME Mary Lamb

(a) RESIDENCE No. 1440 No Gay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not obtained

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Hudgen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant [redacted]

(Address) [redacted]

15 Filed [illegible], 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-13, 1928, to 7-20, 1928, that I last saw her alive on 7-20, 1928 and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Thrombosis of right Common Iliac artery

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible] M. D.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUL 2 1928

FROM A VERY important See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

9/6141 E 35915 — 32 E 35915

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 27-43

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances Trumpling

(a) RESIDENCE NO. 5402 Penhurst ST. Ave. WARD Hamilton

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town, where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-12-24

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md — (State or country)

PARENTS

10 NAME OF FATHER Edward M. Trumpling

11 BIRTHPLACE OF FATHER (city or town) Md — (State or country)

12 MAIDEN NAME OF MOTHER Myrtle Price

13 BIRTHPLACE OF MOTHER (city or town) Pa — (State or country)

14 Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21-28

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to July 21, 1928

that I last saw her alive on July 21, 1928

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

~~Fib~~

Tuberculous Meningitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 5402 Penhurst Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. C. Goodwin, M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak Lawn | July 23 1928 |
| 20 UNDERTAKER John F. Denny | ADDRESS 715 Light St |

JUL 23 1928 STATE REGISTRAR JONES, M.D.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35916

## CERTIFICATE OF DEATH.

129 E 35916

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Wilcox ST., 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Carrigan

(a) RESIDENCE NO. 1300 Wilcox ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Carrigan

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 70 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thos. Dolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Flannery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14

Informant Son

(Address) 1300 Wilcox St.

15

Filed JUL 23 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/6, 1928, to 7/21, 1928, that I last saw h[illegible] alive on 7/20, 1928, and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wolf, M. D.

7-22-1928 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL July 24, 28

20 UNDERTAKER Rita Muddell

ADDRESS 914 Greenmount Ave

FRONT is very important. See instructions on back of certificate.

Spec.—1-19-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35917

## CERTIFICATE OF DEATH.

90 E 35917

1-PLACE OF DEATH Norwood Av Irvington

CITY OF BALTIMORE: (No. Pine Crest Sam ST. 25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Pierce

(a) RESIDENCE NO. Pine Crest Sam ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs Brooks 17 Scott

15 Filed JUL 23 1928 H. A. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/30 1928, to 7/22, 1928.

that I last saw h alive on 7/21, 1928.

and that death occurred, on the date stated above, at 1 10 m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning

Arteriosclerosis

(duration) 4 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Cardio-Renal Sclerosis

(duration) 2 yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Warner M. D.

, 19 (Address) 307 N. Chas.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel

DATE OF BURIAL 7/23 1928

20 UNDERTAKER: Robert A Brooks & Son

ADDRESS Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35918

# HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 35918

## CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4, ST. 27-27 WARD)

2-FULL NAME Henry Fisher

(a) RESIDENCE No. Balt. City Hospitals ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Fischer

6 DATE OF BIRTH (month, day, and year) 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 63 | - | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Sachs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant BALTIMORE CITY HOSPITALS (Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22 1928

17 I HEREBY CERTIFY, That I attended deceased from 4/24, 1927, to 7/22, 1928 that I last saw h— alive on 7/22, 1928 and that death occurred, on the date stated above, at 9.05A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/14/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) P. M. Hoch, M. D.

7/22 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL July 25 1928

20 UNDERTAKER Joseph B Cook

ADDRESS 1000 East Baltimore St

HAROLD JONES, M. D.

HOW A very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35919

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

74 E 35919

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1326 N. Chester ST. 8-17 WARD)

2-FULL NAME Sarah V. Cline

(a) RESIDENCE No. 1326 N. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 19th 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 5 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

PARENTS

10 NAME OF FATHER Michael B. Cline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Catherine B. Beery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Miss Alma McAfee

(Address) 1326 N. Chester St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July, 22 1928

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to July 22, 1928

that I last saw h alive on July 22, 1928

and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

7/23 1928 (Address) 1639 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL July, 25 1928

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N. Potts St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35920 38 E 35920

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ) ST. 21-11 (WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Cremer

(a) RESIDENCE No. 108 S. Collins Ave ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Lillian Cremer

6 DATE OF BIRTH (month, day, and year) December 2, 18[illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 46 | 7 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical worker

(b) General nature of industry, business, or establishment in which employed (or employer) 079

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George H. Cremer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frederica W. Schr[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Lillian Cremer
(Address) 108 S. Collins St.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 19 28

17

I HEREBY CERTIFY, That I attended deceased from July 14, 19 28, to July 21, 19 28,
that I last saw him alive on July 21, 19 28,
and that death occurred, on the date stated above, at 6.10 a. m.

The CAUSE OF DEATH* was as follows:

Luetic cardio vascular disease

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Charles F. Hill M. D.

7/24, 19 28 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL July 24 19 28

UNDERTAKER Joseph B. Cook

ADDRESS 1503 W. Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

E 35921

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 35921

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Balto. City Hosp ST. 10-52 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Harton

(a) RESIDENCE NO. 3501 Chestnut Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie Harton.

6 DATE OF BIRTH (month, day, and year) 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 162

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) do

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Balto. City Hospitals (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1928, to July 22, 1928, that I last saw him alive on July 21, 1928, and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Terminal broncho-pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Senility c psychosis

(duration) yrs. 4 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Henry Tedonnat M. D.

7/22, 1928 (Address) 1 Bolton Ct, Apt 5

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethany Church Franklinville DATE OF BURIAL July 24 28

20 UNDERTAKER A. S. Marshall ADDRESS 3539 Fall Rd

AUG 2 1928 BALTIMORE, MD.

Spec.—2-29-28—L. F. S.—500 Blks.

E 35922

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

101-001

REGISTERED NO. E 35922

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 E. Orleans St. St. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Charles Gerstung Jr.

(a) RESIDENCE NO. 2708 Orleans St St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 8, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 4 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Harry Gerstung

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Alice Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs. Gerstung

(Address) 2708 Orleans St.

15 Filed JUL 23 1928, 19 — HARRY JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1928

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 22 1928

that I last saw him alive on July 22, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Meningitis following Lobar Pneumonia.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) William Ryan M. D.

July 23 28 (Address) 901 E. Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL July 24 1928

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St.

Spec.—1-12-23—M&T—500 Blks.

E 35923

# HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 35923

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Norwood Ave ST., 8-4 WARD)

2-FULL NAME John Elwood Hubbard

(a) RESIDENCE NO. 1700 Norwood Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W. | Single |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1. 1912

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 16 | 6 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wilbur E Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Hastings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wilbur E Hubbard
(Address) 1700 Norwood Ave

15 Filed ..... C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23. 1928.

17 I HEREBY CERTIFY, That I attended deceased from June 21. 1928. to July 23. 1928.
that I last saw him alive on July 22. 1928.
and that death occurred, on the date stated above, at 10. a m.
The CAUSE OF DEATH* was as follows:
Tertiary Syphilis

(duration) Unknown mos. ... ds.

CONTRIBUTORY (Secondary) Paresis & Chiefbrain
(duration) Unknown mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Blood & Spinal Fluid

(Signed) Dr Murray, M. D.

. 19 (Address) 739 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 7/26 1928

20 UNDERTAKER W. M. Cook — ADDRESS 508 E Fayette St

THIS IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 35924

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35924

## CERTIFICATE OF DEATH.

X 14.5-003

1-PLACE OF DEATH
CITY OF BALTIMORE No. South Balto. Gen. Hospital (If not in hospital or institution, give number and street) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillie Day

(a) RESIDENCE No. Gaithers, Carroll Co. State Md. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Mos. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Austen P. Day

6 DATE OF BIRTH (month, day, and year): Sept. 15 1887

7 AGE — Years: 40 Months: 10 Days: 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Parkton, Md.

PARENTS
10 NAME OF FATHER: John A. Talbert
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Georgie Little
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Records

15 Filed JUL 24 1928 H. HERON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-23 1928

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to July 23, 1928.
That I last saw her alive on July 23, 1928.
and that death occurred, on the date stated above, at 1 07 p. m.
The CAUSE OF DEATH* was as follows:

Rupture of Uterus (duration) yrs. mos. 12 min ds.
CONTRIBUTORY (Secondary) Pregnancy (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. Hilton Wallace, M. D.
, 19 Address Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield, Carroll Co. Md. DATE OF BURIAL: July 26 1928

UNDERTAKER: Weaver Bros. ADDRESS: Westminster Md.

CONCISE STATEMENT in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 35925

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

44 E 35925

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 1-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Robert Wilde

(a) RESIDENCE NO. 527 N. Potomac St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Alice Wilde

6 DATE OF BIRTH (month, day, and year): Nov. 27, 1868

7 AGE: Years 59 | Months 7 | Days 26 | IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): England

PARENTS

10 NAME OF FATHER: John Wilde

11 BIRTHPLACE OF FATHER (City or town)

(State or country): England

12 MAIDEN NAME OF MOTHER: Walfender

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: Robert J. Wilde,

(Address): 527 N. Potomac St.

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to July 25, 1928, that I last saw h~~im~~ alive on July 23, 1928, and that death occurred, on the date stated above, at 1 10 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Abdominal Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 2, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Simon Berger, M. D.

7-25-1928 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chester Pa. — Date of Burial 7/25/28 19

20 UNDERTAKER: Harry H. Witzke — ADDRESS 1531 N. Lombard St.

...tion should be carefully supplied. ...ould be filled EXACTLY. ...ANKS should be left OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Ignatius Papania

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35926

CERTIFICATE OF DEATH.

112 ✓ E 35926

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No.) 410 Forest St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ignatius Papania

(a) RESIDENCE NO. 410 Forrest St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married-Rosa Padalis

6 DATE OF BIRTH (month, day, and year) Sept. 15. 1866

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 62 | 61 | 10 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER A. Papania

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER M. C. Arluca

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant A. Papania

(Address) E St. Bal. 1929

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.

(Coroner)

July 27, 1928 (Address) 639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial July 26. 1928

20 UNDERTAKER George F. Ruth ADDRESS 1735 Harford Ave

OF DEATH in part terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

2156 & 4 35927

REGISTERED NO. E 35927.

1—PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-54 90 ST. WARD)

2—FULL NAME Isaac Mazkowitz

(a) RESIDENCE NO. 3107 Walcott ST., Case — WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? 46 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Markowitz

6 DATE OF BIRTH (month, day, and year) 1874

| 7 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 49 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel Markowitz

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Bina Zalkind

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

14 Informant Records — (Address) Johns Hopkins Hospital

15 Filed JUL 26 1928 19 E. H. Registrar C. HARRISON JONES

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 — 28

17 I HEREBY CERTIFY, That I attended deceased from July 5 — 1928, to July 23 — 1928, that I last saw him alive on July 23 1928 and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Chronic Myocarditis

Myocardial Insufficiency (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure (duration) yrs 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gen'l Laboratory

(Signed) R. Hooper Smith M. D.

July 23 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem DATE OF BURIAL July 25 19 28

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore

Be sure all items are answered in ink or typewriter, so that it may be properly examined. Read statement of certification at left very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35928

## CERTIFICATE OF DEATH.

45 E 35928

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 15-58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Kuff

(a) RESIDENCE NO. 3709 Reisterstown, Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Kuff

6 DATE OF BIRTH (month, day, and year): Unknown 1862

7 AGE: Years 56; Months —; Days —; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: Ephraim Kuff

(Address) 3709 Reisterstown Rd

15 Filed ..... 19 ..... Registrar

JUL 24 1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to July 23, 1928, that I last saw h.. alive on July 23, 1928, and that death occurred, on the date stated above, at 12° A. m.

The CAUSE OF DEATH* was as follows:

(2) Myocardial failure

(3) Pulmonary Edema

(1) Intestinal obstruction

(duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of sigmoid

(duration) 2 yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Yes Date of July 17, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Benj. H. Katz, M. D.

7/23 19 28 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mosh Road

Date of Burial July 24, 1928

20 UNDERTAKER: Jack Lewis

ADDRESS 1439 Eutaw St

IF THE DECEASED WAS EMPLOYED IN ANY GAINFUL OCCUPATION, AND DIED FROM ANY DISEASE PECULIAR TO, OR INCIDENT TO, ANY SUCH OCCUPATION, IT IS VERY IMPORTANT THAT THIS FACT BE STATED. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35929 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35929

# CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 16-60 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Rothstein

(a) RESIDENCE NO. 1610 N. Smallwood St ST., WARD St. Anns
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ena Rothstein

6 DATE OF BIRTH (month, day, and year) 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 41 yrs | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Rothstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lend

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital Records
(Address)

15 Filed ..., 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23/28

17 I HEREBY CERTIFY, That I attended deceased from 6/26/28, 19..., to 7/23/28, 19...,
that I last saw him alive on 7/23/28, 19...
and that death occurred, on the date stated above, at 5:45 A.m.

The CAUSE OF DEATH* was as follows:

1. Metastatic Hypernephroma
or
2. Multiple Myeloma

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? not confirmed

(Signed) L. Clarence Cohn, M. D.

7/23/28 (Address) St. Agns. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mosh Road — DATE OF BURIAL July 24 19 28

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto St

TION is very important. See instructions on back of certificates.

Jan 26-1

1928 C. HARRY JONES, M

Spec.—1-12-23—M&T—500 Blks.

(Mary Aaron)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35930

## CERTIFICATE OF DEATH.

90 E 35930

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 12-50 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [redacted] Mary Aaron

(a) RESIDENCE NO. 308 E 27th St ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Aaron

6 DATE OF BIRTH (month, day, and year) Mar 3 18[illegible]9

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 89 | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Martha Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23 1928

17

I HEREBY CERTIFY, That I attended deceased from 9/26 1925, to 7/23 1928,

that I last saw her alive on 7/23 1928,

and that death occurred, on the date stated above, at 5 H m.

The CAUSE OF DEATH was as follows:

Chr. Myocarditis

Myocardial Insufficiency

Duration yrs. mos ds.

CONTRIBUTORY (Secondary) Bronch. Pneum.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Wm Yeatts, M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cem | July 25 1928 |

20 UNDERTAKER George J Smith ADDRESS 1532 Hollins

TION is very important See instructions on back of certificates.

[illegible] 24 1928 C. HARRISON JONES, M.D.

Spec.—2-29-28—L. F. S.—600 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35931

## CERTIFICATE OF DEATH

E 35931

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. E WARD)

REGISTERED NO. 86-600 W. B.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hudson - Catherine

(a) RESIDENCE NO. 329 E. Biddle St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19, 1911

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 17 | -4 | -3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Raymond Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Eliz. Hetendorf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19.. Registrar

1928 C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22-1928

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to July 22, 1928, that I last saw h[illegible] alive on July 22, 1928 and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Mastoiditis, Chronic, Right

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Meningitis, (Pneum?)

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? - (mastoidectomy-Sinek, Rt.)

Did an operation precede death? yes Date of 7-21-28

Was there an autopsy? no

What test confirmed diagnosis? Lumbar Puncture

(Signed) Russell Clark Speed, M. D.

July 21, 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL July 25, 1928

20 UNDERTAKER Henry Hauck Son

ADDRESS 1301 E Eager St

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35932

## CERTIFICATE OF DEATH.

31 E 35932

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 604 W. Mulberry St. 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Smith

(a) RESIDENCE NO. 604W. Mulberry St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith

6 DATE OF BIRTH (month, day, and year) 1889.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 39 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck driver 23

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Balto. Transfer Co.

9 BIRTHPLACE (city or town) _____

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Jennie Lang.

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va.

14 Informant Mrs. Mary Smith

(Address) 604 W. Mulberry St.,

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D.

Per _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Hemorrhage.

_____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) Eugene Feldel, M. D. (Coroner)

7/22 19 28 Address 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial 7/24 1928

20 UNDERTAKER Daniel Easter & Son ADDRESS 916

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35933

## CERTIFICATE OF DEATH.

113 E 35933

REGISTERED NO.

(If death occurred in a pital or institution, giv NAME instead of street number and fill out No. 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hoo. ST., 5-6 (WARD)

2-FULL NAME Daisy Banks.

(a) RESIDENCE NO 346 Forest St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos.

(If non-resident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 2-1927

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 9 | 17 20 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Clarence Bates

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Daisy Banks

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Clarence Bates
(Address) 346 Forest St.

15 Filed , 192 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 19

17 I HEREBY CERTIFY, That I took charge of remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Intestinal Indigestion

(Autopsy)

(duration) yrs. mos

CONTRIBUTORY (Secondary)

(duration) yrs. mos.

(Signed) J. H. Price (Coroner.)

7/24/28, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Ca state (1) Means and Nature of Injury, and (2) whether Accid Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transien Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos.,

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cashing Cemetery DATE OF BURI July 25

20 UNDERTAKER Chas. H. Johnson ADDRESS 446 N. Cal

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26–A Co.–200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35934

## CERTIFICATE OF DEATH

114 E 35934

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1404 Ashland Ave St., 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry M. Keys.

(a) RESIDENCE NO. 1404 Ashland ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 17-1926

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 2 | 3 | 4 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Harry Keys

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Gertrude Roberts

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Gertrude Roberts

(Address) 1404 Ashland Ave.

15 Filed ..... 19 .....

JUL 24 1928 BALTIMORE CITY HEALTH DEPARTMENT

Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1928

17 I HEREBY CERTIFY, That I attended deceased from July 20 1928 to July 22 1928.

that I last saw him alive on July 22 1928.

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic enteritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

July 23 1928 (Address) 501 Bernard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery Date of Burial July 25 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Carrie St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35935

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35935

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4131 Wilson Terrace ST., 27-41 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marshall P. Woodward

(a) RESIDENCE NO. 4131 Wilson Terrace WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year) Jun. 16-1913

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 15 | 6 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chester P. Woodward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Nora V. Farmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Nora V. Farmer
(Address) 4131 Wilson Terrace

15 Filed JUL 24 1928 C. HARRISON JONES, M. Registrar GKG

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15th, 1928, to July 22nd, 1928
that I last saw him alive on July 22nd, 1928
and that death occurred, on the date stated above, at 10 20 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease. (Mitral)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. G. Ross, M. D.

, 19 (Address) 28 W 26th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount Cem. | 7/25 1928 |
| 20 UNDERTAKER Leonard J. Ruck | ADDRESS 640 Lafayette |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35936

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74 Col

E 35936

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 21-E-27nd St., 12-50 WARD)

2-FULL NAME Fannie M. Black

(a) RESIDENCE NO. 216-22 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Fuller Black

6 DATE OF BIRTH (month, day, and year): Dec 27 1860

7 AGE — Years: 58 Months: 8 Days: 25 If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Gettysburg Pa

PARENTS

10 NAME OF FATHER: John George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Elizabeth Carpenter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maine

14 Informant: Mrs Anna K. Brune

(Address) 1913 Carey

15 Filed ....., 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1928

17 I HEREBY CERTIFY, That I attended deceased from April 24, 19 28, to July 22, 19 28, that I last saw her alive on July 22, 19 28, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Smith, M. D.

7-23-28 (Address) 4 W Hoffman Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: July 24 1928

20 UNDERTAKER: W. J. Fuchs & Son

ADDRESS: Nat

JUL 24 1928 C. HARRISON Jones M...

For

IMPORTANT.—Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35937

## CERTIFICATE OF DEATH.

129 E 35937.

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

City of BALTIMORE. (No. Monument + Rutland St. 713 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME William L Stair

(a) RESIDENCE NO. 1838 Ashland av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary Stair

6 DATE OF BIRTH (month, day, and year) June 7 1865

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 63 | 1 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Huckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Louis Stair

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Cathern Hess

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary Stair

(Address) 2414 Biddle

15 Filed JUL 24 1928 H. A. [illegible] Registrar

2414.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from July 20, 19 28, to July 22, 19 28, that I last saw h.. alive on July 22, 19 28, and that death occurred, on the date stated above, at 2 20P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Chr. Nephritis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Urinary + Blood test

(Signed) B J Cole, M.D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Baltimore Cemetery July 25 1928

20 UNDERTAKER ADDRESS

William G. Schaffer 816 Fremont Av

very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35938 166 E 35938

## CERTIFICATE OF DEATH.

REGISTERED NO. _____

E 35938
1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 11-13 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. L. Crandall

(a) RESIDENCE NO. 715 St. Paul St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Widower (divorced) |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Mar 10/1860

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 68 | 4 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) (Novelties)

(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Verona, N.Y.

PARENTS

10 NAME OF FATHER Thos. T. Crandall

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Bonsteel

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Unknown

14 Informant E. E. Kimmerling
(Address) Roanoke, Va. (Prospect Hill)

15 Filed _____, 19 _____ Registrar

JUL 24 1928 C. HAMPSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22/28

I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Iodine Poisoning (Suicide)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) _____

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. H. Cocke M. D.
(Coroner)

7/24/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery. Date of Burial July 24 1928

20 UNDERTAKER Geo. F. Roth ADDRESS 1735 Harford

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

60-002

E 35939

## CERTIFICATE OF DEATH.

E 35939
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 27-43 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Roberts

(a) RESIDENCE NO. 660 r Fairmount Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: John J. Roberts

6 DATE OF BIRTH (month, day, and year): Oct. 13th 1869

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 58 | 9 | 8 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co.

(State or country): Md

PARENTS

10 NAME OF FATHER: Frank Snyder

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Not Known

14 Informant: Linwood L. Roberts

(Address): 660 r Fairmount Ave.

15 Filed ..... 19 ..... Registrar

JUL 24 1928 C. HAMPSON JONES, M. D. E. H. O.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1928

17 I HEREBY CERTIFY, That I attended deceased from June 2 1928, to July 22 1928, that I last saw her alive on July 22 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

My married Filem

Toxic edemma gestraid

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Toxic edemma (duration) 2 yrs. mos. ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 19 28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) Benj. Kloth M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — Date of Burial: 7/25/1928

20 UNDERTAKER: E. J. Fanning & Son — ADDRESS: 1938 E. Lafayette Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35940 — E 35940

## CERTIFICATE OF DEATH

16-002

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 S. Port ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Matties

(a) RESIDENCE NO. 722 S Port ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | | 5 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Matties

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Hylinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Charles Matties
(Address) 922 S Port St

15 Filed ____, 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 28

17 I HEREBY CERTIFY, That I attended deceased from July 20, 19 28, to July 23, 19 28, that I last saw h[illegible] alive on July 23, 19 28, and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Coedice Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rowan M. D.
July 24 19 28 (Address) 801 Hamilton Av

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary | July 25 28 |
| 20 UNDERTAKER J W Obazewski | ADDRESS 1930 Eastern Av |

Spec.—2-29-28—L. F. S.—500 Bks.

E 35941

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16-00

E 35941

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 2214 Portugal ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elinor Klinicki

(a) RESIDENCE NO. 2214 Portugal ST., ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan - 28

7 AGE Years ..... Months 6 Days 4 If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Alexander Klinicki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Anna Woznick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Anna Klinicki
(Address) 2214 Portugal St

15 Filed JUL 24 1928, 19 ..... C. HAMPSON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23/28

17 I HEREBY CERTIFY, That I attended deceased from July 10 19 28, to July 23 19 28, that I last saw h[illegible] alive on July 22 19 28 and that death occurred, on the date stated above, at 920 a m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis,

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jos J Mueller, M. D.

, 19 (Address) 2419 Riverside Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary July 24 - 1928

DATE OF BURIAL

20 UNDERTAKER J W Ozarowski

ADDRESS 1930 Eastern Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 35942 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35942

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Walker Ave ST. 27-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Concetta Marino

(a) RESIDENCE. No. 601 Walker Ave ST.. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a If married, widowed, or divorced (or) WIFE of Pasquale Marino

6 DATE OF BIRTH (month, day, and year) Feb. 12-1829

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 99 years | 5 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Cefalu (State or country) Italy

PARENTS

10 NAME OF FATHER Gaetano Cubotta

11 BIRTHPLACE OF FATHER (city or town) Cefalu (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa Cubotta

13 BIRTHPLACE OF MOTHER (city or town) Cefalu (State or country) Italy

14 Informant Sons Robert Marino (Address) 601 Walker Ave

15 Filed July 24 1928 C. HARPSON JONES, Registrar

Per

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1928

17 I HEREBY CERTIFY, That I attended deceased from January, 1927, to July 23, 1928, that I last saw h[illegible] alive on July 23, 1928, and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Arteris Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank C. Marino, M. D.

July 23 1928 (Address) 1300 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | July 1 1928 |

20 UNDERTAKER Frank V. Lipsitone

ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35943

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35943

100-001

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. North Ave ST., 9-18 WARD)

2-FULL NAME Margaret Brundick La Donne

(a) RESIDENCE NO. 602 N. North Ave ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~. (write the word): ~~Married~~ Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible]

6 DATE OF BIRTH (month, day, and year): Sept 4-1890

7 AGE: 37 Years 38 | Months 10 | Days 14 | If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Barth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Alice Hanrohan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Alice Sudsbury
(Address) 2836 Harford Rd

15 Filed APR 24 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1928

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to July 23, 1928, that I last saw h[illegible] alive on July 22, 1928 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, acute pneumonia

..... (duration) ... yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) A. W. Bond, M. D.

(Address) 1 South Paul.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: July 25 1928

20 UNDERTAKER: Robt F. Turner Inc — ADDRESS 1422 N. Broadway

CERTIFICATION OF PHYSICIAN, NURSE OR OTHER PERSON IN ATTENDANCE

I HEREBY CERTIFY, That I attended the deceased from ..... to ....., that I last saw h[illegible] alive on ..... and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH was as follows:

.....

.....

.....

Spec.—1-12-23—M&T—500 Bks.

E 35944 ✓ E 35944

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Bassie

(a) RESIDENCE No. 1622 Gorsuch ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) Not Known

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 74 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar maker

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Vincent

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed JUL 24 1928 . 19 C. HARRY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-21, 1927, to 7-23, 1928, that I last saw him alive on 7-23, 1928 and that death occurred, on the date stated above, at 9.00 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart Disease

Myocarditis, Chronic

Aortic Insufficiency

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [redacted] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Vincent's Cemetery — DATE OF BURIAL July 25 1928

20 UNDERTAKER Diamond & Anderson — ADDRESS 1504 Pennsylvania Ave

TION is very important See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

E 35945 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35945

## CERTIFICATE OF DEATH.

Registered No. 49

1-PLACE OF DEATH

City of BALTIMORE: (No. 1514 N Spring St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara M. Schmidt.

(a) Residence No. 1514 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, (HUSBAND of or) WIFE of Leopold Schmidt

6-DATE OF BIRTH (month, day and year) Jan 20 82

7-AGE. 46 yrs. 6 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Harrisburg Pa

PARENTS.

10-NAME OF FATHER Samuel Swindell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER Clara

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Penna

14- (Informant) Leopold Schmidt

(Address) 1514 N. Spring

15- Filed JUL 24 1928 HARRISON JONES, M. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 7/23/28

17- I HEREBY CERTIFY, That I attended deceased from Dec 3, 19 28 to July 23, 19 28

that I last saw h[illegible] alive on Jul 23, 19 28

and that death occurred, on the date stated above, at 7 No. m.

The CAUSE OF DEATH* was as follows:

Heart failure

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) careless nurse & bladder (Duration) yrs. 6 mos. 20 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L Sanderson M. D.

7/24, 19 (Address) 1714 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL, 7/27 19 28

20-UNDERTAKER Philip Herring ADDRESS 2016 Eiland Av

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-22—M&T—500 Blks.

E 35946

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35946

## CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 610 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vallie Webster

(a) RESIDENCE NO. 2329 E. Fayette St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881 - Aug 25

| 7 AGE 46. | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 47 | | 10 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Noah Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Deal's Island

12 MAIDEN NAME OF MOTHER Fannie Barrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant T. Paul Tankersley

(Address) 2329 E. Fayette

15 Filed JUL 24 1928, 19 RCK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23 1928

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to July 23, 1928,

that I last saw her alive on July 23, 1928

and that death occurred, on the date stated above, at 2 00 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Carditis Myocardial Disease

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. A. Lumpkin, M. D.

7/25, 1928 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 7/25 1928

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35947

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

61-001 V

E 35947

BIRTH No.

1—PLACE OF DEATH

REGISTERED NO. 1637

CITY OF BALTIMORE: (No. 6710 German Hill Road ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene Head

(a) RESIDENCE NO. 6710 German Hill Road ST., 26 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 24 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Edmund Head

11 BIRTHPLACE OF FATHER (city or town) Charlotte
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Lillian Mentz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Edmund Head
(Address) 6710 German Hill Road

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

JUL 24 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928 to July 24, 1928, that I last saw h... alive on July 24, 1928 and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

7 month Foetus

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tutlow, M. D.

7/24, 1928 (Address) 815 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak Lawn Cemetery | July 24 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Sander & Sons Inc | 1710 Fleet St. |

IMPORTANT—Answer all questions fully, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35948

## CERTIFICATE OF DEATH

129 ✓ E 35948

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Riverside ave ST. 74 33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas E. Morse

(a) RESIDENCE NO. 1417 Riverside ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | widower |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Morse

6 DATE OF BIRTH (month, day, and year) March 9, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 4 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Morse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Ellen Mahon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Sarah Jane Morse

(Address) 1417 Riverside ave.

15 Filed ..... 19 ..... E. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22/28

17 I HEREBY CERTIFY, That I attended deceased from July 1, 19 28, to July 22, 19 28

that I last saw h[illegible] alive on July 21, 19 28

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH was as follows:* Acute Cardiac dilatation

CONTRIBUTORY (Secondary) Chronic nephritis (duration) yrs. mos. 4 ds.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. F. Howard, M. D.

7/23 19 28 (Address) 1 E Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cem. | July 25 19 28 |
| 20 UNDERTAKER Margaret A. Flynn | ADDRESS 1422 Light St. |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35949

## CERTIFICATE OF DEATH.

90 ✓ E 35949

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME John J. Kiehl

(a) RESIDENCE NO. Preston & Valley St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: 81 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Lawrence Kiehl

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bower

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St.

15 Filed _____, 19__ H. [illegible] JONES, M. D. Registrar

By RMH,

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928

July 22nd.

17 I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible], 19__,

that I last saw h[illegible] alive on July 15, 1928,

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Unknown (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

7/23, 1928 (Address) 1133 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: July 25 1928

20 UNDERTAKER: Rita Friedfeld — ADDRESS: 114 Fremont Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 24 1928

Spec.—1-12-23—M&T—500 Bks.

E 35950 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35950

164

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Wilcox ST., G-14 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna E Becker

(a) RESIDENCE No. 1301 Wilcox ST., ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced (write the word)~~: Single

5a If married, widowed, or divorced ~~HUSBAND of~~ or) ~~WIFE of~~ ———

6 DATE OF BIRTH (month, day, and year) Dec 31 1842

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min |
|---|---|---|---|
| 85 | 6 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocery proprietor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER George Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Anna E Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Catherine Bilker 706 Augusta ave

15 Filed ....., 19 .... CHARLES JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/22 1928, to 7/23 1928, that I last saw h 4 alive on 7/22 1928, and that death occurred, on the date stated above, at 4 50 a.m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Lorts, M. D.

7/23 1928 (Address) 914 I Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: July 25th 1928

20 UNDERTAKER: George L Billings

ADDRESS: Wilkens ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 35951

E 35951

# STATE OF MARYLAND
# CERTIFICATE OF DEATH

Registration Dist. No. 476

1 PLACE OF DEATH

County

Village or City Baltimore (No 341 Calloway Ave St.; Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Emma Margaret Wilstorf (Wife)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Female | White | widower. |

6 DATE OF BIRTH: August 30, 1853 (Month) (Day) (Year)

7 AGE: 75 yrs. 10 mos. 28 ds. If LESS than 1 day .... hrs. or .... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed or (employer): Retired

9 BIRTHPLACE (State or country): Baltimore - Md.

PARENTS

10 NAME OF FATHER: Charles Nutting

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Eliza Vogeler

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Emma Wilstorf

(Address) 341 Calloway Ave.

15 Filed JUL 24 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 24th, 1928 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 1, 1928, to July 24th, 1928, that I last saw her alive on July 23rd, 1928, and that death occurred on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lob.
(Duration) yrs. 10 mos. da.

Contributory Secondary: Cachexia - Ex Carcinoma
(Duration) yrs. mos. 5 da.

(Signed) Frank D. Netter M. D.

July 24 1928 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 7 yrs. mos. da. In the State, 75 yrs. 10 mos da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: July 26, 1928

20 UNDERTAKER: Harry N. Armacost & Co. ADDRESS: 4204 Pickwood Ave

* More blanks if needed. Address State Registrar, 16 W Saratoga St., Balto. Regulation V. S No 1

Spec.—1-12-23—M&T—500 Bks.

E 35952

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 35952

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. (or WARD) #1621

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Brice

(a) RESIDENCE NO. Radley Ave. ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/5/1926

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | | | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... 00

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER James Brice

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) S.C.

12 MAIDEN NAME OF MOTHER Julia Neal

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) S.C.

14 Informant .....

(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

2620 Rush

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/20 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/5, 1926, to 7/20, 1926, that I last saw h[illegible] alive on 7/20, 1926, and that death occurred, on the date stated above, at 4 Pm.

The CAUSE OF DEATH* was as follows:

Premature Birth

& Inanition

(duration) 15 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) P. W. Slack M. D.

, 19 ..... (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL ..... 19 ..

20 UNDERTAKER ..... ADDRESS .....

UNIVERSITY OF MARYLAND

HAMPTON JONES M. D.

JUL 2

Commissioner of Health

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35953

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-001 E 35953

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 26-27 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Bonnie I

(a) RESIDENCE NO. Raleigh N. C. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/5 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) and

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Bonnie

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Alice Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/19 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/5, 1928, to 7/19, 1928, that I last saw h[illegible] alive on 7/19, 1928 and that death occurred, on the date stated above, at 6.18 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilateral

& Malnutrition

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical Findings

(Signed) R. M. Stuck, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JUL 24 1928 C. HARRISON JONES, M. D. UNIVERSITY OF MARYLAND

JUL 2 1928 Department of Health

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bkm.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35954

## CERTIFICATE OF DEATH.

182 ✓ E 35954

REGISTERED NO._____

1-PLACE OF DEATH Found in Harbor at Foot Aliceanna & Caroline St.

City of BALTIMORE: (No. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Jacobs

(a) RESIDENCE NO. (Unknown) Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 52 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer (Odd)

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer

9 BIRTHPLACE (city or town): ?

(State or country): Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) UNIVERSITY OF MARYLAND

15 Filed AUG 24 1928, 19____ 2640 THE MORGUE Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

Sudden (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M. Kemper M. D.

(Coroner)

720 19 ✓ (Address) 1102 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND Date of Burial: AUG 2 1928 19

20 UNDERTAKER: THOMPSON JONES, M. D. ADDRESS: Commissioner Health.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

over

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35955

## CERTIFICATE OF DEATH

16-002 V

E 35955

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 14-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Connegys —

(a) RESIDENCE NO. 2233 Eliza ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 13 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Harold Peterson

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Mamie Conways

13 BIRTHPLACE OF MOTHER (city or town) Md —
(State or country)

14

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15

Filed JUL 24 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22/1928.

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to July 22, 1928,

that I last saw her alive on July 22, 1928

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Dysentery (Bacillary)

Bronchopneumonia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? —

(Signed) Lyman Mac Coy, M. D.

July 2/1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19 |
|---|---|
| 20 UNDERTAKER | ADDRESS |

JOHNS HOPKINS HOSPITAL JUL 24 1928 Registrar of Vital Statistics

Fill in all items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

9 16 142 E 35956

## CERTIFICATE OF DEATH

161-001 E 35956

1—PLACE OF DEATH

REGISTERED NO.

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 19-2 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Audrey Johnson

(a) RESIDENCE NO. 309 S. Vincent ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | Colored | Baby |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 1 month | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md-

PARENTS

10 NAME OF FATHER Frank Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florence Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 26 15 Kelly Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23-1928

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to July 23, 1928, that I last saw h.r alive on July 23, 1928 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? —

(Signed) Lyman Meeks, M. D.

July 23 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL ... 19

20 UNDERTAKER — ADDRESS

1928

Please answer all questions in full, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35957 ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35957. 113

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3128. O. Donnell (St.) 1-2 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Laucha

(a) RESIDENCE NO. 3128. O. Donnell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/20/1927

7 AGE — Years: | Months: 7 | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Laucha

11 BIRTHPLACE OF FATHER (City or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Fanca Reves

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore

14 Informant: Fanca Laucha

(Address) 3128 O'Donnell St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to July 23, 1928,

that I last saw him alive on July 23, 1928,

and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Bel-air

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas, M. D.

7-24, 1928 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus — DATE OF BURIAL: 7/20/1928

20 UNDERTAKER: H. Fiaskowski — ADDRESS: 1618 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 35958

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35958

## CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp (St.) 4-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Piscor (Piscor)

(a) RESIDENCE NO. 1612 Bethel Place St. WARD

(Usual place of abode)

Length of residence in city or town where death occ[illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years About 26 year. Months Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jos. Piscor

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catharine Litowsky

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Hospital Records.

(Address)

15 Filed JUL 24 1928, 19 [illegible] Registrar

HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21 1928

17

I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 21, 1928, that I last saw her alive on July 21, 1928, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

over

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Staphylococcus Septicaemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Blood Culture

(Signed) C. C. Zimmerman M. D.

(Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus

DATE OF BURIAL: 7/25 1928

UNDERTAKER: William Fiaschetti

ADDRESS: 108 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35959

## CERTIFICATE OF DEATH.

90 E 35959

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. St. Ward)

REGISTERED NO.

2-FULL NAME Wilmer L. Rehmeyer

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 834 W 35th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florine B. Rehmeyer

6 DATE OF BIRTH (month, day, and year): April 9, 1885

7 AGE: Years 43 Months 3 Days 13 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER: Laura Rehmeyer

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Florine B. Rehmeyer (Address) 834 W 35th St

15 Filed ....., 19.. M. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Valvular Disease of Heart

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. Hoffman (Coroner) M. D.

7/23 1928 (Address) 532 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brodbeck Pa Date of Burial July 26 1928

20 UNDERTAKER: Ebenezer Hall Ehrenwerth Son Chest ADDRESS 347

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35960

## CERTIFICATE OF DEATH.

33 E 35960

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (13-57 E.B.) St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Kirby

(a) RESIDENCE NO. 3515 Central ave., Woodbury St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Gordon Kirby

6 DATE OF BIRTH (month, day, and year) 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 23 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife and

(b) General nature of industry, business, or establishment in which employed (or employer) employe in can? factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. H. Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Souborun

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Hospital Records (Address)

15 Filed JUL 24 1928, 19 C. HARRISON JONES, M. D. Registrar Keck

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1928, to July 24, 1928, that I last saw h er alive on July 24, 1928, and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of May 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Emily C Smith M. D.

7-24 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL July 25 19

20 UNDERTAKER Lehnowe & Son

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35961

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

38 E 35961

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE: (No. [redacted] St. 18-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lye

(a) RESIDENCE No. 803 Fairmont (West) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas. Lye

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Cora Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant BALTIMORE CITY HOSPITALS [redacted]

(Address)

15 Filed JUL 24 1928, 19 RLH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-5, 1928, to 7-23, 1928, that I last saw him alive on 7-23, 1928, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr & acute

Aortic Insufficiency

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Lues

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Phys & Autopsy

(Signed) [redacted] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem — DATE OF BURIAL 7/24 1928

20 UNDERTAKER Dennis Easton — ADDRESS 916 Pa ave

JUL 24 1928 C. HARRISON GRIMES, M. D.

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35962. ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

31 E 35962

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Forrestman ST., 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Randolph Brooks

(a) RESIDENCE NO. 517 Forrestman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian B

6 DATE OF BIRTH (month, day, and year) June 7-1899

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | 1 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Randolph F. Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Carrie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Randolph F. Brooks (Address) 2005 Druid Hill Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23/28

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to July 23, 1928, that I last saw h... alive on July 21, 1928 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Ward M. D.

July 24, 1928 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 7/26/1928

20 UNDERTAKER Wm. Geo. H. Holla — ADDRESS 1631 Druid Hill Ave

important. See instructions on back of certificates.

JUL 24 1928 C. HAMILTON JONES, M. D. Registrar

Spec.—1-12-23—M&T—500 Blks.

E 35963 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35963

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N. Wolfe ST., 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Dove.

(a) RESIDENCE NO. 1506 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Dove.

6 DATE OF BIRTH (month, day, and year): 3/6 1867

7 AGE: Years 61 | Months 4 | Days 16 | If LESS than 1 day, .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shirt Cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Fossett & Son.

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: James H. Dove

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Lillie Dove.

(Address) 1506 N. Wolfe St

15 Filed ....., 19.... Registrar

JUL 25 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1928

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1928, to July 22, 1928, that I last saw him alive on July 21, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver & Intestines

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jacob Frahm, M. D.

7/24 1928 (Address) 1823 N. Wash Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: July 25 1928

20 UNDERTAKER: George F. Ruth

ADDRESS: 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35964

E 35964

90

## CERTIFICATE OF DEATH.

REGISTERED NO. [redacted]

1-PLACE OF DEATH

City of BALTIMORE: (No. 1448 Wand st St. 21-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Jackson

(a) RESIDENCE NO. 1448 wand st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | Col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jackson

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 51 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contract work

(c) Name of employer Jacksonville

9 BIRTHPLACE (city or town) Florida

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant William Brooks

(Address) 500 Archer St

15 Filed..... 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to. his death on the day stated above.

The CAUSE OF DEATH* was as follows: Dropsy

Dropsy (duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Dropsy

Cirrhosis (duration) yrs. mos. ds.

Signed: [illegible], M. D.

July 24 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 7/24 1928

20 UNDERTAKER Daniel Easton ADDRESS 516 Cathedral

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES M.D.

JUL 25 1928

Registrar

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35965

E 35965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3523 Fall Road St. 13-52 Ward

2-FULL NAME Charley King

(a) RESIDENCE NO. 3523 Fall Rd St. Ward

(Usual place of Abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Agnes King

6 DATE OF BIRTH (month, day, and year) Mar 8 1878

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 50 | 4 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 07°

(b) General nature of industry, business, or establishment in which employed (or employer) Hayfields M E Church

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Howard Co

PARENTS

10 NAME OF FATHER George King

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co.

12 MAIDEN NAME OF MOTHER Rachel Clark

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Howard Co.

14 Informant Mrs Agnes King

(Address) 3523 Fall Rd

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Tabes Dorsalis Nervous System

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John Thomsen M. D.

(Coroner)

7/23 1928 (Address) 1632 Portland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Loudon Park Date of Burial July 24 28

20 UNDERTAKER A S Marshall ADDRESS 3539 Fall Rd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35966

## CERTIFICATE OF DEATH

129 E 35966

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1010 Carrollton ave St., 16-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Custus

(a) RESIDENCE NO. 1010 Carrollton ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | Colored | widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Custus

6 DATE OF BIRTH (month, day, and year) May 2 1870

| 7 AGE | Years | Months | Days | IF LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 58 | 8 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Essex Co. Va

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town) unknown

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Essex Co.

(State or country) Va

14 Informant Mrs Lena Woods (daughter)

(Address) 1010 Carrollton ave

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7—23—1928

17 I HEREBY CERTIFY, That I attended deceased from 7—21—1928, to 7—23—1928, that I last saw h[illegible] alive on 7—23—1928, and that death occurred, on the date stated above, at 9:25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank [illegible] Saunders, M. D.

1-24-1928 (Address) 1024 N. Stricker St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial July 27 28

20 UNDERTAKER Saml. W. Hurst Son — ADDRESS 1400 Madison

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

[illegible] 1928 [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 35967 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35967

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5809 Clover Road ST. 27-55 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Nusbaum

(a) RESIDENCE NO. 5809 Clover Road ST. ..... WARD Pittsburg. Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 7 mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie Nusbaum

6 DATE OF BIRTH (month, day, and year) Feby. 17, 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | 5 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Feisla Nusbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babette Slesinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Tillie Nusbaum
(Address) 5809 Clover Road

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24th. 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1928, to July 24, 1928, that I last saw him alive on July 23, 1928, and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Pelvic carcinoma

(duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Jan. 13/28

Was there an autopsy? No

What test confirmed diagnosis? Exploratory operation

(Signed) J. H. Hummel, M. D.

(Address) 3310 Tioga Parkway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem.

DATE OF BURIAL 7/26/ 1928

20 UNDERTAKER David Sondheim

ADDRESS 118-20 W. Mt. Royal Ave.

JUL 25 1928 C. HARRISON JONES, M. D. E. H. O.

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35968

## CERTIFICATE OF DEATH.

117 E 35968

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 13 WARD)

2-FULL NAME Ella Eaton

(a) RESIDENCE NO. [redacted] Bunny St ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Eaton

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE — Years: 57 — Months: ..... — Days: ..... — If LESS than 1 day, .... hrs. or .... min.: .....

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: John Price
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Mary Fuller
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): BALTIMORE CITY HOSPITALS [redacted]

15 Filed ....., 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/23 1924

17 I HEREBY CERTIFY, That I attended deceased from 7/21, 1924, to 7/23, 1924, that I last saw h[illegible] alive on 7/23, 1924 and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:
Acute Appendicitis
Generalized Peritonitis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? Yes Date of 7/21/24
Was there an autopsy? No
What test confirmed diagnosis? Clinical Findings

(Signed) H. M. Slack M. D.
, 19 ..... (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: 7/25 1924

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

JUL 25 1924 C. HAMPSON JONES, M.D.

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 35969

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

91-002

E 35969

REGISTERED NO. 5458

1—PLACE OF DEATH

CITY OF BALTIMORE; (No.) 4225 Reisterstown Rd. DIST. 16 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Berryman

(a) RESIDENCE NO. 4225 Reisterstown Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (Write the word) |
|---|---|---|
| Male | White | Widowed |

6 DATE OF BIRTH (month, day, and year) April 5 1837

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 91 | 3 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Funeral Director

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reisterstown Md.

PARENTS

10 NAME OF FATHER Ephriam Berryman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria R. Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Curtis O Tyson

(Address) 4225 Reisterstown Road.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23-28

17 I HEREBY CERTIFY That I attended deceased from March 1928 to July 23 1928

that I last saw h alive on July 21 1928

and that death occurred, on the date stated above, at 1130 a. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. R. Miller M. D.

7/29/28 (Address) 2737 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | July 25 1928 |
| 20 UNDERTAKER | ADDRESS |
| George L. Schwab | 2101 Eutaw Ave. |

7-25-1928 HAMILTON JONES, M. D.

Spec.–7-17-26—A Co.—200 Blks.

E 35970

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

7409 E 35970

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4216 Walnut Ave St. 28-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Zahrendt

(a) RESIDENCE NO. 4216 Walnut Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 20 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Zahrendt

6 DATE OF BIRTH (month, day, and year) June 3, 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 60 | 1 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Can Maker

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Charles Zahrendt

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Lena Zahrendt

(Address) 4216 Walnut Ave

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 28 - 1928

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to July 28, 1928, that I last saw h alive on July 28, 1928, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dr. Emmart, M. D.

7/29, 1928 (Address) 517 London

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial July 26 1928

20 UNDERTAKER George J. Smith — ADDRESS 1532 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35971 E 35971

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE (No. ST 4 b WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Allen

(a) RESIDENCE NO. 730 E Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred: [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | Wid. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliza Chappelle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 BALTIMORE CITY HOSPITAL

Informant [redacted]

(Address)

15

Filed JUL 25 1928, 19 E. H. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-21 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-25, 1928, to 7-21, 1928, that I last saw him alive on 7-21, 1928, and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Arterio - sclerosis

Emphysema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) H. W. Buck, M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sacred Heart | 7/25, 1928 |
| 20 UNDERTAKER John J Fahey Son | ADDRESS 1318 Light St |

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E-35972 HEALTH DEPARTMENT—CITY OF BALTIMORE E-35972

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. T.B. WARD 18)

2-FULL NAME Nannie Johnson

(a) RESIDENCE No. 1402 Born Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 24 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Owen Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Snager

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed JUL 25 1928 C. HAMPSON JONES, M.D. Registrar Per

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1928, to July 23, 1928, that I last saw her alive on July 23, 1928, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. Path. & Clinical

(Signed) Henry C. Smith, M. D.

7-23 1928 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL July 26 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 35973 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓E 35973

100-001

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Godfrey Kenneth Maurice

(a) RESIDENCE NO. 534 Orchard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy

4 COLOR OR RACE Color.

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13/27

7 AGE Years 1 Months 2 Days 18 If LESS than 1 day, hrs or min.

14 months

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Wm. Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mattie Maurice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lynchburg Va

11 Informant Mattie Maurice.

(Address) 534 Orchard St

15 Filed JUL 25 1928 C. HAMPSON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to July 23, 1928, that I last saw him alive on July 23, 1928 and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) John W. Jamesson, M. D.

19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cemetery | July 25 1928 |
| 20 UNDERTAKER Thomas E. Kelson | ADDRESS 1303 Pressman St |

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 35974

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

118-002

E 35974

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 412 Laurens St. (Ward) 14-20

2-FULL NAME Richard H. Lee

(a) RESIDENCE NO. 412 Laurens St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) Mar 11 - 1928

7 AGE Years 4 Months 15 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md July 26

(State or country)

PARENTS

10 NAME OF FATHER Chas. Lee

11 BIRTHPLACE OF FATHER (City or town) Charles Co Md

(State or country)

12 MAIDEN NAME OF MOTHER Sophronia Tate

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Sophronia Lee

(Address) 412 Laurens

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) T. Elliott Lamb M. D.

(Coroner) (Address) North Ave & Dean

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial 7/25/1928

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 25 1928

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

35975 × 11 ✓ E 35975

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. John's Hopkins Hospital St., 19 Ward)

2-FULL NAME Julia Cienka Catonsville

(a) RESIDENCE NO. St. Gabriel's Home St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 15 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) Girl

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. Y.

14 Informant John H. Lyon & Son

(Address) 69 W. 125 St. New York

15 Filed_____ 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to 4 her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Probably ruptured Appendix,

(duration) ...yrs. ...mos. ...ds.

(Signed) J. S. Collins, M. D.

(Coroner)

7/25/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York City Date of Burial 7/25 1928

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 35976

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35976

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH The Montreal Apts

CITY OF BALTIMORE: (No.) 1111 Royal s Charles ST. 11-20 (WARD)

2-FULL NAME Sallie Pinkerton Mackinzie

(a) RESIDENCE NO. 1111 Royal s Charles ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If ~~married~~, ~~widowed~~, or ~~divorced~~
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16th 1867

7 AGE — Years: 61 — Months: 2 — Days: 8 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James S Mackinzie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ellen S. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Morris Whitridge
(Address) 4402 Greenway Guilford

15 Filed ... 19 ... Registrar ...

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24' 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18th, 1928, to July 24th, 1928,
that I last saw h[illegible] alive on July 24th, 1928,
and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis -
Hemiplegia

(duration) ... yrs. ... mos. 26 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas B Graham Jr M. D.
7/24, 1928 (Address) 2420 Bittle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: July 26 1928

20 UNDERTAKER: Henry H Jenkins Son & — ADDRESS: Edward McCollum

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HAMILTON JONES, M. D.
JUL 25 1928

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35977

## CERTIFICATE OF DEATH.

90 E 35977

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Washington Blvd. ST. 25-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Shubbard

(a) RESIDENCE NO. 2219 Washington Blvd. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Shubbard

6 DATE OF BIRTH (month, day, and year) November 12, 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 8 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sharp & Dohme

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George Thomas Shubbard

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susanne Spicer

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant Mrs. Margaret Shubbard (Address) 2219 Washington Blvd.

15 Filed JUL 25 1928, 19 HARRY JOHNS, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 11, 19 28, to July 24, 19 28.

that I last saw h[illegible] alive on July 23, 19 28

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Arteriosclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Asthma Cardiac

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Gerst M. Kieffer M. D.

July 27, 19 28 (Address) 2320 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 26 19 28

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 35978

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-001 E 35978

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 19-27 ST., WARD)

2-FULL NAME Judia Murray.

(a) RESIDENCE No. 510 Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20th 1890

7 AGE 37 Years 38 Months 11 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant William Murray (Address) 510 N. Paca St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/14 1928 to 7/23 1928.

that I last saw he alive on 7/23 1928.

and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

General peritonitis

(Duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/18/28

Was there an autopsy? No What test confirmed diagnosis? Physical Findings

(Signed) Wm. J. Hibbitts M. D.

19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL July 26th 1928

20 UNDERTAKER A. Jones

ADDRESS 711 S. Gilmor

J. HAMPTON JONES, M. D.

HEALTH OFFICER

ATTENTION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

E 35979

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35979

## CERTIFICATE OF DEATH.

22

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Chelsea Rd. ST., 15 Walbrook WARD 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jean Elizabeth Holzbaun

(a) RESIDENCE NO. 1908 Chelsea Rd. - ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7 1920

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 8 | 0 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Jacob Holzbaun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bordentown, N. J.

12 MAIDEN NAME OF MOTHER Alice Tabill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Binghamton, N. Y.

14 Informant Jacob Holzbaun

(Address) 1908 Chelsea Rd

15 Filed ..... 19 ..... Registrar

JUL 25 1928 HARRY M. JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to July 25, 1928, that I last saw her alive on July 25, 1928 and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis

(duration) yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Poliomyelitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal fluid and physical

(Signed) W. S. Niblett, M. D.

July 25-28, 19 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 7/26 1928

20 UNDERTAKER H. W. Mears & Son — ADDRESS 805 N Calvert St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35980

## CERTIFICATE OF DEATH.

90 E 35980

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 76-42 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rhoda Waltz

(a) RESIDENCE No. 4420 Raspe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Wid |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unobtained

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-24, 1928, to 7-25, 1928, that I last saw h alive on 7-25, 1928, and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Myo carditis, Chr & acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cem. Chapel — DATE OF BURIAL July 28 1928

20 UNDERTAKER H Bankard & Son — ADDRESS Westminster Md.

TION is very important See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 35981

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90

E 35981

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 234 W. Hoffman St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia Gelston Jones

(a) RESIDENCE NO. 234 W. Hoffman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divoreed, (write the word): Single

5a If married, widowed, or divoreed
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 26. 1848

7 AGE — Years: 80 Months: 1 Days: 28

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: not employed

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Princess Anne

(State or country) Md

PARENTS

10 NAME OF FATHER Isaac D Jones

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Georgia Gelston

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant Mrs. Nora Brust

(Address) 2216 Pennsylvania Ave

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

JUL 26 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/7 19 28, to July 24, 1928.

that I last saw her alive on July 23, 1928

and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Heart disease, Arteriosclerosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Venereal ulcers of Elephantiasis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Microscopical Exam.

(Signed) J Cyril Ely, M. D.

(Address) 811 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount — Date of Burial: July 26 1928

20 UNDERTAKER: John McCaul Jones — ADDRESS: 1901 Eastern Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35982

## CERTIFICATE OF DEATH.

E 35982

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 920 Druid Hill St., 17-2 Ward)

2-FULL NAME Dr. Jong

(a) RESIDENCE NO. 920 Druid Hill St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1845

7 AGE: Years 83; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): China

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): China

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): China

(State or country)

14 Informant: Dr. Young

(Address) 202 Ivy Rd.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or)

thereon and from the evidence obtained by Autopsy (Inquest, a

.....find that said deceased came to death topsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage due to (Dur.) Stab wounds of chest involving the Aorta.

(duration) .....yrs. (Instant.)

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Leuth M. D.

July 23 1928 (Coroner)

(Address) 10th & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial July 27 1928

20 UNDERTAKER: Chas. Ortel Sons ADDRESS 1901 Eastern Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 35983

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 35983

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Belmont Ave. St., 16-67 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mauritz Rutger,

(a) RESIDENCE NO. 3025 Belmont Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Mollie Rutger,

6 DATE OF BIRTH (month, day, and year) January 29, 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 5 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired (W)

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Franklin R Rutger (Address) 3025 Belmont Ave.

15 Filed JUL 26 1928, 19 C. HARRISON Adams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUL 27 1928 19

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1928 to July 26, 1928, that I last saw h alive on July 24, 1928, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Senility, Chron Bronchitis, myocardial degeneration, arterio-sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Probably Influenza

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harley Cole, M. D.

7/25 19 28 (Address) 720 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Woodlawn Cem DATE OF BURIAL JUL 27 1928 19

20 UNDERTAKER Geo W Little ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35984

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35984

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3807 Hadley Square ST. 17-44 WARD)

2-FULL NAME Mary Bertrand Wilson

(a) RESIDENCE NO. 3807 Hadley Square ST., WARD Resident
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 75 yrs. 5 mos. 18 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John F. Wilson

6 DATE OF BIRTH (month, day, and year) Feby 7 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 75 | 5 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Frederick
(State or country) Maryland.

PARENTS

10 NAME OF FATHER John Baker Kinkel

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Deborah Porter

13 BIRTHPLACE OF MOTHER (city or town) Ohio
(State or country) Germany.

14 Informant Mr. John F. Wilson Jr. (son)
(Address) 300 St. Dunstan Road

15 Filed ..., 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/24 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to 7/24, 1928,
that I last saw her alive on 7/24, 1928,
and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia oedema

(duration) yrs. mos. 1½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Hela Hilbert M. D.

7/25 1928 (Address) 1403 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL July 27 1928.

20 UNDERTAKER Stewart & Co. — ADDRESS Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 35985

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 35985

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No.) 28 S. (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ellen Cullen

(a) RESIDENCE NO. 4823 Reisterstown Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Wid |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not given William Cullen

6 DATE OF BIRTH (month, day, and year) May 1, 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 69 | 2 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balt (State or country) Md

PARENTS

10 NAME OF FATHER Timothy Clark

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Ellen West

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-11, 1928, to 7-25, 1928, that I last saw her alive on 7-25, 1928, and that death occurred, on the date stated above, at 2:50 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr. & acute

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam - Laboratory

(Signed) [signature] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 7/27 1928

20 UNDERTAKER Wm Cook

ADDRESS 508 E North Ave

JUL 26 1928 C. HAMILTON JONES, M.

TION is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—5-12-23—M&T—500 Blks.

E 35986

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35986

## CERTIFICATE OF DEATH

38

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. 5-8 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Jones

(a) RESIDENCE NO. 1423 E Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Col | wid |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) June

7 AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bertha

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 BALTIMORE CITY HOSPITALS

Informant

(Address)

15

Filed ....., 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928 to 7-24, 1928,

that I last saw him alive on 7-24, 1928

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis. Chr & acute — Pulmonary tbc.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Hemiplegia, left; Syphilis

Hypertension - arterio sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? ~~no~~ YES

What test confirmed diagnosis? Physical & Lab.

(Signed) H. M. Wick, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury [redacted] Cemetery

DATE OF BURIAL 7-27 1928

20 UNDERTAKER [redacted] H. Bailey

ADDRESS 1421 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

216 E 35987

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

43 E 35987

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Flack

(a) RESIDENCE NO. 1932 Patterson ST., Pl WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 18. 1878

7 AGE — Years: 49 | Months: 8 | Days: 7 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Flack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Friends
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25-28

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 25-28, that I last saw him alive on July 25-, 1928 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Metastases Neck Carcinoma
Tongue
Metastasis Lung "

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Sinus in neck (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Oct 1, 1926.

Did an operation precede death? Yes Date of Oct 7, 1926 Dec. 2, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ferdinand Bee, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore | July 28 19 28 |
| 20 UNDERTAKER | ADDRESS |
| [illegible] | 502 E North Ave |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 35988 — REGISTERED NO. E 35988

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1151 N. Bond St. (Ward) 16-22

2-FULL NAME Mrs. Jane Louise Wright

(a) RESIDENCE NO. 1151 N. Bond St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Wright

6 DATE OF BIRTH (month, day, and year): 1852

7 AGE: Years 76 Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Essex Co

(State or country): Va

PARENTS

10 NAME OF FATHER: Ryan Holmes

11 BIRTHPLACE OF FATHER (City or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Hodie Jackson

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Mrs. Rosa Payne

(Address): 1151 N. Bond St.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 4th, 1928, to July 24th, 1928.

that I last saw h[illegible] alive on July 24, 1928

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

2 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Senility

1 (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) A. Elliott, M. D.

19 (Address) 1151 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 4/26/28

20 UNDERTAKER: Samuel J. Beasley ADDRESS 1123 Eddie St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35989

E 35989

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS

1-PLACE OF DEATH [redacted] 18-21

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mulcahy (or Mulcalis)

(a) RESIDENCE No. 1025 Boyd ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | unable to obtain |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 10 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER not obtained

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-28 1928 to 7-24 1928, that I last saw him alive on 7-24 1928 and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Secondary anemia

(duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. + Lab

(Signed) H. M. Nick, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters

DATE OF BURIAL July 26 1928

20 UNDERTAKER John J. Fields

ADDRESS 1200 W Lombard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35990

## CERTIFICATE OF DEATH.

E 35990

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 3524 Roland Ave St.; 13-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruben H Tracy

(a) RESIDENCE NO. 3524 Roland Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 17, 1882

7 AGE: Years 46 Months Days 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): md

(State or country)

PARENTS

10 NAME OF FATHER Henry Tracy

11 BIRTHPLACE OF FATHER (city or town): md

(State or country)

12 MAIDEN NAME OF MOTHER Liddie Baker

13 BIRTHPLACE OF MOTHER (city or town): md

(State or country)

14 Informant Jamie Tracy

(Address) 4 Falls Road

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Tuberculosis Disease of Heart

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John Harrison M. D.
(Coroner)

7/25, 1928 (Address) 3532 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden Date of Burial July 27 1928

20 UNDERTAKER: Ehrenfeld Son ADDRESS: 3145 Clark

Use should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONSULTATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 35991

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

11 E 35991

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (NO. ..... ST., ..... WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nelson W. Albrecht.

(a) RESIDENCE NO. 520 Dennison ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys Albrecht

6 DATE OF BIRTH (month, day, and year): Feb 4th 1905

7 AGE: Years 23 | Months 5 | Days 19 | If LESS than 1 day, ..... hrs or ..... min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Body Builder

(c) Name of employer: Wm. H. Albrecht Co

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Wm. H. Albrecht

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Bertie Baldwin

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore, Maryland

14 Informant: Mrs. W. H. Albrecht

(Address) 520 Dennison St

15 Filed ....., 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1928

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to July 23, 1928,

that I last saw him alive on July 23, 1928

and that death occurred, on the date stated above, at 9:57 A. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix with General Peritonitis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 18, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Paul Schreiber, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL July 27 1928

UNDERTAKER: E. B. Weybrecht — ADDRESS 850 W. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35992

## CERTIFICATE OF DEATH

47 E 35992

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2418 N. Calvert ST. 12-50 WARD)

2—FULL NAME Mary E. ~~Folks~~ Fryer

(a) RESIDENCE NO. 2418 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 Mos ds. How long in U. S., if foreign birth? Life mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry E. Fryer

6 DATE OF BIRTH (month, day, and year) Not Known

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| about | 48 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 27

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Henry. T. Folks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Nannie Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. Henry E. Fryer

(Address) 2418 N. Calvert St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to July 25, 1928, that I last saw h alive on July 24 3:30 P.M. 1928 and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Cancer Breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 1927

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas Corcoran M. D.

7/25, 1928 (Address) 1000 Eighth St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 28 1928

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager St

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 35993

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

117

E 35993

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH—
CITY OF BALTIMORE: (No.) Christs Institution Hospital 704 Ensor St. (ST.) 15-21 (WARD)

2-FULL NAME James Richardson

(a) RESIDENCE—NO. 1708 Baker ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: Colored.

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): ~~Married~~ Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 33 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Henry Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Mary Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): Mary Richardson 1708 Baker St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1928

17 I HEREBY CERTIFY, That I attended deceased from July 23 1928 to July 24 1928, that I last saw him alive on July 24 1928, and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

acute Appendicitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Appendicitis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1708 Baker St Balto

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Xray

(Signed) Dr G W Kennard, M. D.

7-24 1928 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — DATE OF BURIAL: July 26 1928

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland Ave

CAUSE OF DEATH is very important. See instructions on back of certificates. Exact statement of OCCUPATION is very important. Use plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

E 35994 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35994

CERTIFICATE OF DEATH. X 1995

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 7-27 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 70 WARD ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Claude Clapp

(a) RESIDENCE NO. Blanaw P. O. ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1898

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C

PARENTS

10 NAME OF FATHER Alex Clapp

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Clara

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 ~~BALTIMORE CITY HOSPITALS~~ Informant [redacted]
(Address)

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-16 1928 to 7-23 1928, that I last saw him alive on 7-23 1928 and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho- Pneumonia

(duration) ... yrs. ... mos 8 ds.

CONTRIBUTORY (Secondary) Old injury, Rt Cerebral Hemiplegia (duration) ... yrs. 8 mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinic & Autopsy

(Signed) [illegible] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Ashley Cemetery | July 25 1928 |
| 20 UNDERTAKER Mrs. R. A. Elliott | ADDRESS 1725 Ashland Ave |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001

## CERTIFICATE OF DEATH.

E 35995 — E 35995

1-PLACE OF DEATH St Joseph Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline & Preston STREET OR AVENUE) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Jackson

(a) RESIDENCE NO. 1019 McDonough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. | 4 COLOR OR RACE: C. | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Holland Jackson

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: 33 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: George Guffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Fanny Flint

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Holland Jackson 1019 McDonough

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-30-28, 19 , to 7-24-28 19 ,

that I last saw her alive on 7-24-28, 19

and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Goitre

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 7-24-28

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) W B Hendrix, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Middle Lexington Va — DATE OF BURIAL: July 29 1928

20 UNDERTAKER: Mrs R. G. Elliott — ADDRESS: 1125 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35996

## CERTIFICATE OF DEATH.

146 E 35996

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Bells City Hospital St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wanda Lee Jackson

(a) RESIDENCE NO. 832 McElderry Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day and year): Unknown 1907

7 AGE: Years 21 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ga

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Wilkes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga

14 Informant Mary Wilkes

(Address) 832 McElderry

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to their death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strepto Coccus Septicaemia following abortion (3 wks ago) (Cause unknown)

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) abortion

(duration) yrs. mos. 20 ds.

(Signed) James M Benton, M. D.

(Coroner)

7/23 1928 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Bells City Hosp yrs. mos. 20 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Steinmeyer Run Balto Co

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Macon Ga — Date of Burial: July 26 1928

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: Westland

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 35997

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 35997

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 716 N. Gay ST. 10-14 (WARD)

2-FULL NAME William J. Welch

(a) RESIDENCE NO. 716 N Gay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Welch

6 DATE OF BIRTH (month, day, and year) Dec 14, 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| 65 64 | | 7 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Welch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah J. Allard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant George E. Welch

(Address) 716 N. Gay st.

15 Filed JUL 26 1928, 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to July 22, 1928, that I last saw him alive on July 22, 1928, and that death occurred, on the date stated above, at 8 30 P. m

The CAUSE OF DEATH* was as follows:

Ch. Interstitial nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. G. Horwitz, M. D.

1/26 1928 (Address) 733 Arquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL July 28 1928

20 UNDERTAKER Robt J. Turner — ADDRESS 1992 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

E 35998

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49 E 35998

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Walter (Mollie) West

(a) RESIDENCE NO. 1932 N. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Walter West

6 DATE OF BIRTH (month, day, and year): September 18 1863

7 AGE: 64 Years 6 Months 10 Days 6

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife (?)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: James Anderson

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: ?. Colgain

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Hospital Record

(Address)

15 Filed ..... 19 ..... Registrar

JUL 26 1926 C. HARRISON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

July 24. 28

17 I HEREBY CERTIFY, That I attended deceased from July 17, 19 28, to July 24, 19 28,

that I last saw her alive on July 24, 19 28,

and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Bladder Carcinoma? (Primary)

Primary

(duration) ?? yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Carcinomatosis.

Entire R. Intestinal Abdominal Viscera

(duration) yrs. ? mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jay Stone Finds

, 19 (Address) 1932 N. North Ave

*State the Disease Causing Death, or in Deaths from Violence, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

Date of Burial: July 26 1928

20 UNDERTAKER: N M Routson

ADDRESS: 2230 N North

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35999 E 35999

## CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 4101 Overlea ave St. 37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William H Wright

(a) Residence No. 4101 Overlea St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 29 1918

7-AGE. 10 yrs. 6 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. DDS

(b) General nature of Industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Carleton Wright

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Ruth Shriner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Carleton Shriner

(Address) 4101 Overlea ave

15-

Filed ..... 192.. ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 23 1928 to July 25 1928

that I last saw h.. alive on July 25 1928

and that death occurred, on the date stated above, at 5.25 p. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign

(Signed) Chas Tschudy M. D.

7/26, 1928 (Address) Mayo Ave & Belair Rd

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cem

DATE OF BURIAL. July 27 1928

20-UNDERTAKER. W M Routson

ADDRESS 223 N Howard St

UL 26 1928

Should be carefully supplied. AGE should be stated EXACTLY. Physicians should study carefully the instructions on back of certificates. See in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Spec. 7-17-26—A Co.—200 Bks.

E 36000 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36000

46

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 1146

City of BALTIMORE: (No. Jenkins Memorial Hosp. Dist. 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Hubbard

(a) RESIDENCE NO. 2806 Harlem ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas F. Hubbard

6 DATE OF BIRTH (month, day, and year): Mar 29 - 1872

7 AGE: Years 56 Months 3 Days 27 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John A. Knell

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Catherine Helwig

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto

14 Informant (Address): Mrs Mary Kirkwood 2806 Harlem ave

15 Filed JUL 26 1928 19 C. HARRISON JONES, M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28: July 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 19 27, to July 26, 19 28, that I last saw h.. alive on July 25, 19 28, and that death occurred, on the date stated above, at 12 01 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary): Metastasis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Chambers, M. D.

July 26 19 28 (Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial July 28 1928

20 UNDERTAKER: Chas F. Grant & Son ADDRESS 1111 Mt Royal ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36001 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36001

CERTIFICATE OF DEATH. 57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1017 W. Carey ST. 16-23 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie Hatter

(a) RESIDENCE NO. 1017 W. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Hatter

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: John Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Ella R. Hatter

(Address): 1017 W. Carey St

15 Filed ... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1928

17 I HEREBY CERTIFY, That I attended deceased from July 20 1928 to July 24 1928

that I last saw h[illegible] alive on July 22 1928

and that death occurred, on the date stated above, at 7 20 m.

The CAUSE OF DEATH* was as follows:

Exposure from Paralysis of the heart

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. Lee Ellis, M. D.

7/24, 1928 (Address) 927 Mad. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kingwilliams Co. Va — DATE OF BURIAL: July 26 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St

WRITE PLAINLY. Answers to questions should be carefully supplied. Abbreviations should not be used. CAUSE OF DEATH in plain terms, so that it may be properly classified. INFORMATION is very important. See instructions on back of certificates.

JUL 26 1928 HARRISON JONES

Spec.—1-12-23—M&T—500 Bks.

E 36002 ✓ E 36002

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 7-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Beckett

(a) RESIDENCE No. 1205 Upton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 53 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 BALTIMORE CITY HOSPITALS Informant (Address)

15 Filed 19 Registrar

JUL 26 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1928

17

I HEREBY CERTIFY, That I attended deceased from 10-5, 1926, to 7-24, 1928, that I last saw him alive on 7-24, 1928 and that death occurred, on the date stated above, at 3:50 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Chronic & Acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia, Rt; Old Hemiplegia Left; Hypertension — arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) H. J. M. Dick, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 7/26 1928

20 UNDERTAKER Denny Easton ADDRESS 916 Penn

N. B.—WRITE PLAINLY, with pen and ink. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT information should be carefully supplied. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT INFORMATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36003 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36003

## CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Argyle St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Parker

(a) RESIDENCE No. 1143 Argyle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R. Parker

6 DATE OF BIRTH (month, day, and year) 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Tradesman

(c) Name of employer Self Balto.

9 BIRTHPLACE (City or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Parker

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Wilson

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Olga Parker (Address) 1143 Argyle St.

15 Filed JUL 26 1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1928

17 I HEREBY CERTIFY, That I attended deceased from July 3 1926 to May 24 1928 that I last saw him alive on May 24th 1928 and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(duration) 2 yrs. 10 mos. 2 ds.

CONTRIBUTORY (Secondary) Neoplasm of Rectum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed H. Lee Slingluff, M. D.

19 (Address) 5 East Mount Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 7/26 1928

20 UNDERTAKER Dan'l Easton & Son ADDRESS 516

N. B.—WRITE PLAINLY, WITH ... mation should be carefully supplied. AGE ... CAUSE OF DEATH in plain terms, so that it may be properly classified. ... TION is very important. See instructions on back of certificates.

Spec. 17-17-26-6M-10-2[illegible]Bks.

E 36004

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36004

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Md. General Hospital St. 11-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lillian Edwards

(a) RESIDENCE NO. Wadesboro N.C. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of – Jean D. Edwards

6 DATE OF BIRTH (month, day, and year) May 15 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 48 | 2 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Anne Arundel Co. (State or country) md.

PARENTS

10 NAME OF FATHER John Hutch

11 BIRTHPLACE OF FATHER (City or town) (State or country) Anne Arundel Co. md.

12 MAIDEN NAME OF MOTHER Ella Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Md.

14 Informant Hospital Record (Address)

15 Filed , 19 Registrar

JUL 26 1928 C. HAMPTON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-23, 1928, to 7-25, 1928, that I last saw her alive on 7-25, 1928, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulabitis - myocardial
Int of Femoral

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arterio Sel. Heart with possibly embolism

(duration) yrs. mos. 10 mins. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John A Hopkins M. D.

. 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in Deaths From Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wadesboro N. C. Date of Burial July 26 1928

20 UNDERTAKER Wm C. Black ADDRESS 927 W. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE must be filled out completely. PHYSICIAN should be careful to see that every question is answered. AGE should be stated EXACTLY. PHYSICIAN should be careful to see that every question is answered. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 2-29-28 1 F 5 500 Blks.

E 36005 2163

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36005

## CERTIFICATE OF DEATH

+ 49

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Way

(a) RESIDENCE NO. 9908 Granby St Norfolk Va WARD 15

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W | Married |

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Annie

6 DATE OF BIRTH (month, day, and year) Nov 4-1880

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 47 | 7 8 | 22 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plaster Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va —

PARENTS

10 NAME OF FATHER Aldwell H Way

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Laura L. Coates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Pearls — (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25-1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 4 P.M. 1928 to July 25, 10 P.M. 1928

that I last saw h[im] alive on July 25, 1928

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 25

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) I. H. Pennock M. D.

July 25 '28 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Norfolk Va | July 26 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm C. Black | 927 N. Broadway |

N. B.—WRITE PLAINLY. All information should be carefully supplied. ... OF DEATH in plain terms, so that it may be properly classified. Exact ... important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36006

## CERTIFICATE OF DEATH.

100-001

100 E 36006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Etting St. ST. 17-24 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Sigmar Keene

(a) RESIDENCE NO. 1133 Etting St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4. 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 5 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis A. Keene

11 BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie S. Stanley

13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Maryland

14 Informant Mary Mead Dean M.D.
(Address) 901 N. Calvert St.

15 Filed JUL 25 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24 1928 to July 26 1928, that I last saw him alive on July 26 1928 and that death occurred, on the date stated above, at 12.50 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mary Mead Dean M. D.

, 19 (Address) 901 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lion — DATE OF BURIAL 7-28 1928

20 UNDERTAKER Joseph A. Lively — ADDRESS 404 N. Mount St

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE must be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF BURIAL is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36007 31 E 36007

## CERTIFICATE OF DEATH

1—PLACE OF DEATH 1704 North Milton Ave REGISTERED NO. 816

CITY OF BALTIMORE: (No. 1704 North Milton Ave ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Edward Heimbuch

(a) RESIDENCE NO. 1704 North Milton Ave ST., 8 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 31 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 43 | 3 | 24 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocery Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Groceries
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS
10 NAME OF FATHER George Heimbuch
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Susan Wheeler
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Emma L Heimbuch
(Address) 1704 N. Milton Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/1928.

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 26, 1928, that I last saw h.m. alive on July 26, 1928 and that death occurred, on the date stated above, at 2.40 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Not known (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? I don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual tests

(Signed) A. A. Broadmead, M. D.

July 26, 1928 (Address) 1570 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount | July 28 1928 |
| 20 UNDERTAKER George J. Smith | ADDRESS 1532 Hollins |

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE important. See instructions on back of certificates.

JUL 28 1928 HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 36008

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

65-001 E 36008

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3200 Rosalie Ave., ST. 47-43 WARD)

2-FULL NAME Ruth E. Fangmeyer

(a) RESIDENCE NO. 3200 Rosalie Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8 1920

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 8 | 5 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER C. Fangmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eleanor Costin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Thomas Johns

(Address) 3200 Rosalie Ave.

15 Filed JUL 26 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 29th., 1928, to July 24th., 1928, that I last saw her alive on July 24th., 1928, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Clinical

(Signed) Ellen V. Donaldson M. D.

7/26, 1928 (Address) 24 W Fredk St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery

DATE OF BURIAL 7/28 1928

20 UNDERTAKER George J Ruth

ADDRESS 1735 Hanford Ave

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be given for CAUSE OF DEATH in plain terms, so that it may be properly classified. EXAMINATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36009

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36009

## CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 25-66 ST. ..... WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Mc Kittrick

(a) RESIDENCE NO. Cooks Lane c/o Mrs E. Redifer WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ~~single~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 28 1919

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 8 | — | 7 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Laverne not given McKittrick

11 BIRTHPLACE OF FATHER (city or town) " (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Flanigan

13 BIRTHPLACE OF MOTHER (city or town) " (State or country) Ireland

14 Informant Mrs Mary McKittrick

(Address) Cooks Lane c/o Mrs Redifer

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-23, 1928, to 7-24, 1928, that I last saw h. alive on 7-24, 1928, and that death occurred, on the date stated above, at 3 45 p m.

The CAUSE OF DEATH* was as follows:

Second degree burns involving the trunk from the neck to the thighs.

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonic Nephritis.

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? At home of child -

Did an operation precede death? no Date of /

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) J. J. Duffee, M. D.

, 19 (Address) 90 N. Chanda St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cathedral Cemetery — DATE OF BURIAL: Jul 27 28

20 UNDERTAKER: Geo. L. Pute — ADDRESS: 1735 Lafferson

N. B.—WRITE PLAINLY. All information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH QUESTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36010

## CERTIFICATE OF DEATH.

155

E 36010

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 33rd and Calvert. ST., 900 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George J. Schmidt.

(a) RESIDENCE NO. 1115 Darley, Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 0 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 19th 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 60 | 8 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe - maker

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe - factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Paris, France

PARENTS

10 NAME OF FATHER Mr. Conrad Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Miss Helen Jaeger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Charles C. Schmidt

(Address) 115 Darley Ave Baltimore, Md

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25 1928

17

I HEREBY CERTIFY, That I attended deceased from July 20th, 1928, to July 25th, 1928, that I last saw him alive on July 24th, 1928, and that death occurred, on the date stated above, at 4 45 A - m

The CAUSE OF DEATH* was as follows:

Osteomyelitis of Skull

Suppurative Meningitis & Encephalitis

(duration) yrs. mos 6 4 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of 7-24-28

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) George C Eaton, M. D.

, 19 (Address) Union Memorial Hosp. Bl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 28 1928

20 UNDERTAKER Jos Foerderer's Sons — ADDRESS 217 S. Bond

N. B.—WRITE PLAINLY, with pen and ink. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT INFORMATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36011

## CERTIFICATE OF DEATH.

182 E 36011

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Fair & Pratt St. 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME unknown

(a) RESIDENCE NO. unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make DIAGNOSIS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

250

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col. | unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 30 | about | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed....., 19.....

Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) about July 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Acquired Disease

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] (Coroner) M. D.

July 24, 1928 (Address) 1059 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY Date of Burial 19

20 UNDERTAKER ADDRESS

C. WILSON JONES, M. D.
Commissioner of Health

JUL 26 1928

Spec.–7-17-26—A Co.—200 Bks.

E 36012

# HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002
118 E 36012

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. 24-25

City of BALTIMORE: (No. Howard & Madison St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Younger

(a) RESIDENCE NO. 127 E. Randall St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 24 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mina Younger.

6 DATE OF BIRTH (month, day, and year) June 4 1860

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 68 | 1 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Younger

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Stevens

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital Record

(Address)

15 Filed ....., 19.. ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 25, 1928, that I last saw him alive on July 25, 1928, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction due to adhesions from old injury

(duration) 2? yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 25-1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. E. Burgdorfer, M. D.

July 25 1928 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M. I. Odd. Cem. Date of Burial 7/28 1928

20 UNDERTAKER J. Frew McCully ADDRESS 130 E. Fort

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST BE FILLED OUT COMPLETELY. PHYSICIANS should be careful to see that every question is answered EXACTLY. AGE should be stated EXACTL

Spec.—1-12-23—M&T—500 Blks.

E 36013

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

16-002 E 36013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 N. Hilton St. ST. 20-10 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick T. Quidley

(a) RESIDENCE NO. 111 N. Hilton St. ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 9 | 19 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. H. Quidley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Virginia A. Richter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant William N. Quidley
(Address) 111 N. Hilton St.

15 Filed JUL 26 1928 HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to July 26, 1928, that I last saw him alive on July 26, 1928, and that death occurred, on the date stated above, at 6:50 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion
(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ellen V. Cruikshank M. D.
7/26/28 (Address) 24 W. Fayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park | July 28, 28 |
| 20 UNDERTAKER | ADDRESS |
| Mr. & Mrs. John W. Tenfelrson | 501 W. Fayette |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36014

## CERTIFICATE OF DEATH.

188-103 E 36014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 7 Ward) 27-14

2-FULL NAME Mary A. Alt

(a) RESIDENCE NO. 1 E. Franklin Ave, Gardenville Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2/1926

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 2 | 5 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frederick C. Alt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Alice B. Theis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Father

(Address)

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said her inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & other Injuries

Thrown from automobile- Collision

Phila & Linwood Aves

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

(Coroner)

7/26/1926 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. Date of Burial July 27 1926

20 UNDERTAKER Geo. C. Weller & Son ADDRESS 2334 Jefferson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36015

## CERTIFICATE OF DEATH.

31 E 36015

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2112-W. Lexington ST. 70-69 (WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L. Leahy

(a) RESIDENCE NO. 2112-W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced · HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 6-9-1875

| 7 AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 53 | 1 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady at

(b) General nature of industry, business, or establishment in which employed (or employer) Bakery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Michael Leahy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Miss. K. Gallagher

(Address) 2112 W. Lexington St

15 Filed ....., 19 R.M.L. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1928, to July 26, 1928, that I last saw h[illegible] alive on July 25, 1928, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Malley, M. D.

7/26, 19 (Address) 10 S N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 7/28/28 19

20 UNDERTAKER D. Walter Jenkins ADDRESS 1633 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. Exact statement of DECEASED'S mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of DECEASED'S CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

H. R. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36016

## CERTIFICATE OF DEATH.

4-25-194

REGISTERED NO. E 36016

1-PLACE OF DEATH

City of BALTIMORE: (No. 303 N. Greene St., St., 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonino Carnaggio

(a) RESIDENCE NO. 303 N. Greene St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Carnaggio

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1867.

| 7 AGE | Years | Months | Days 10 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | 11 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy.

PARENTS

10 NAME OF FATHER Vincent Carnaggio

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Mamie Dalfonzo.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy.

14 Informant Mrs. Josephine Carnaggio

(Address) 303 N. Greene St.

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.

(Coroner)

7/25/ 28. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial 7/27 1928

20 UNDERTAKER Robt. A. Brooks Son ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION is tion should be plain terms, so that it may be properly classified. OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 36017

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36017

## CERTIFICATE OF DEATH

X 49

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry H younger

(a) RESIDENCE NO. Indiana, Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs H. H younger

6 DATE OF BIRTH (month, day, and year) March 28 1847

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 61 | 3 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work auditor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Phillip younger

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Anna Hussey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Record

(Address) JOHNS HOPKINS HOSPITAL

15 Filed July 27 1928 C. HAMPSON JONES, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to July 26, 1928, that I last saw h[illegible] alive on July 26, 1928 and that death occurred, on the date stated above, at 9.25 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinomatosis
Organ Bladder Tumor?

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? general laboratory

(Signed) W. Hopper Smith M. D.

July 26 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Rochester, N. Y. | July 27 1928 |
| 20 UNDERTAKER | ADDRESS |
| Colm O'Mitchell & Sons | 1900 Eutaw St. |

mation should be carefully supplied. AGE should be given in years, months and days. OCCUPATION should be stated so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36018

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 36018

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 E Chase St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John S. Sinclair Jr.

(a) RESIDENCE NO. 1038 Valley St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Jan. 6. 1928

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 6 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John S. Sinclair Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Finegan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Mary Sinclair (Address) 1038 Valley St.

15 Filed JUL 27 1928 CHARLTON JONES M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to July 26, 1928, that I last saw h— alive on July 26, 1928, and that death occurred, on the date stated above, at 2.0 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Helena Sulton

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Denton, M. D.

7-26-28 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkwood Cemetery | July 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Edward W. Conklin | 524 E Eager St |

N. B.—WRITE LEGIBLY. Information should be carefully supplied. AGE should be stated EXACTLY. Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36019

## CERTIFICATE OF DEATH.

188 N 03

188 E 36019

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals 25-75 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. Platzer

(a) RESIDENCE NO. 507 S 5th Street Apt rear Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara i Platzer

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) retired

(c) Name of employer John Schmidt

9 BIRTHPLACE (city or town)

(State or country) Switzerland

PARENTS

10 NAME OF FATHER Platzer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Switzerland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Barbara J. Platzer

(Address) 507 S 5th St Brooklyn md

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture base of Skull & Injuries Auto accident - 3 alb Co. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James W. Preston M. D. (Coroner)

7/25 1925 (Address) York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Cockeysville Maryland

Former or usual residence 507 S 5th St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial July 27 1925

20 UNDERTAKER John F. Denny ADDRESS 715 Light

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK MUST NOT BE FOLDED. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 27 1925 C. HARRIS BUREAU MD

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36020

## CERTIFICATE OF DEATH.

× 194 E 36020

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 17-24 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillip H. Deadmon

(a) RESIDENCE NO. 752 W Bradley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arnetta Deadmon

6 DATE OF BIRTH (month, day, and year) May 5 1893 ~~1892~~

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 35 | 2 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Virginia

PARENTS

10 NAME OF FATHER Deadmon

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Virginia

14 Informant Arnetta Deadmon

(Address) 752 W Bradley St

15 Filed _____ 19 _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy Superinduced by Heat Prostration

(duration) ____ yrs. ____ mos. ½ ds.

CONTRIBUTORY (Secondary) Treated at Weller Rest Hosp. for some form of Heart Disease

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Fenton M. D.

(Coroner)

7/26 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Balto City Hos. yrs. ____ mos. ½ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? Old Junk Road

Former or usual residence 752 W Bradley St

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem Date of Burial 7/27 1928

20 UNDERTAKER Daniel Easton ADDRESS 916 Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 36021

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 262 S. Highland Av. WARD) 16-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Schwartz

(a) RESIDENCE NO. 262 S. Highland Av. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Wm P. Schwartz

6 DATE OF BIRTH (month, day, and year): July 2/61

7 AGE: Years 67 | Months 0 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Adam Elgert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kunigunda —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14

Informant: Wm P. Schwartz

(Address) 262 S. Highland Av

15

Filed ..... 19 .....

C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1928

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1928, to July 24, 1928, that I last saw h~~er~~ alive on July 24, 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Ulcerative Chronic Cancer

Cardio-vascular Dis —

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Heat Exhaustion

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Frank A Bruce, M. D.

, 19 (Address) 125 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 7/27 1928

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St.

mation should be carefully supplied. AGE should be given in years, months and days if under one year. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36022

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36022

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Gorsuch Ave. ST. 9-46 WARD)

REGISTERED NO. 10109

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Myers

(a) RESIDENCE NO. 1538 Gorsuch Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Myers

6 DATE OF BIRTH (month, day, and year) Sept. 4 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 10 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Herman Myers

11 BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or country)

12 MAIDEN NAME OF MOTHER Augusta Schuman

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mrs. Myers (Address) 1538 Gorsuch Ave

15 Filed ..... 19 ..... E.H.G. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7.26.28 19

17

I HEREBY CERTIFY, That I attended deceased from May- , 1928, to 7.26.28 , 19 , that I last saw him alive on 7.26.28 , 19 , and that death occurred, on the date stated above, at 9.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical-chemical microscope

(Signed) Philip B. Fowler, M. D.

7.26.28 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 7/30 1928

20 UNDERTAKER J. Few McCully — ADDRESS 130 E Fort

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should see that information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36023

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

37-001

REGISTERED NO. E 36023

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Street) 14-20 ST., (Ward) WARD

2-FULL NAME Henry Johnson

(a) RESIDENCE No. 1927 McCulloh st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widower |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1901

| 7 AGE | Years | Months | Days | If LESS than 1 day..... hrs. or..... min. |
|---|---|---|---|---|
| | 27 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wagon driver

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louisiana

14 Informant Hospital Records (Address)

15 Filed JUL 27 1928 19.. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 1, 19 28, to July 26, 19 28, that I last saw him alive on July 26, 19 28, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C Smith, M. D.

7-26 19 28 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashburn Cemetery DATE OF BURIAL July 28 1928

20 UNDERTAKER Chas. W. Johnson Sr. ADDRESS N. Carlton St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

E 36024

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57

E 36024

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hosp. St. 13-57 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Millhauser

(a) RESIDENCE NO. 814 Brooks Lane St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Millhauser

6 DATE OF BIRTH (month, day, and year): Nov. 6, 1870

7 AGE — Years: 57 — Months: 8 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Aaron Adler

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Konrad Rhas

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Moses Millhauser

(Address): 814 Brooks Lane

15 Filed ..... 19..... Registrar .....

Per .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 23, 19 28, to July 27, 19 28, that I last saw her alive on July 27, 19 28, and that death occurred, on the date stated above, at 6:20 A.m.

The CAUSE OF DEATH* was as follows:

2 Staph aureus septicemia

1 Hypertension

2 Diabetes Mellitus

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Cellulitis of finger tip

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Benj. Klotz, M. D.

7/27, 19 28 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Ez Date of Burial 7/29/28

20 UNDERTAKER: Harid Sondheim ADDRESS 1830 W. Mt. Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information called for on both sides of this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 7 1928 C. HARRISON

Spec.—1-12-23—M&T—500 Rls.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36025 — CERTIFICATE OF DEATH. — 13E 36025

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto - Gen'l Hosp ST., ..... WARD

2-FULL NAME John B. Hunter

(a) RESIDENCE NO. 4302 Springdale Ave ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M Hunter

6 DATE OF BIRTH (month, day, and year) Aug 12, 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 72 | 11 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co., Md

PARENTS

10 NAME OF FATHER Peter G. Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co., Md

12 MAIDEN NAME OF MOTHER Mary Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co., Md

14 Informant John A Lind
(Address) 4302 Springdale Ave.

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26/28 19

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to July 26, 1928,

that I last saw him alive on July 26, 1928

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

~~Acute Cardiac Dilatation~~

~~Senile~~ Prostatic hypertrophy with acute retention

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7/16

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Jack J. Singer, M. D.

, 19 (Address) West Balto Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Vernon Cemetery Catonsville Md | July 28, 1928 |
| 20 UNDERTAKER | ADDRESS |
| John F. Spence 1328 | N Carolina St |

mation should be carefully supplied. Age should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HARRISON JONES, M. D.

JUL 27 1928

Spec.—8-12-23—M&T—500 Blks.

E 36026

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36026

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 425 WARD)

2-FULL NAME Salvatore Bironda

(a) RESIDENCE NO. 623 No Saratoga ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not obtained

6 DATE OF BIRTH (month, day, and year) 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Lunch room

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS:

10 NAME OF FATHER Charlie Bironda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Senateda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant BALTIMORE CITY HOSPITALS (Address) .....

15 Filed JUL 27 1928, 19.. C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-8, 1928, to 7-26, 1928, that I last saw him alive on 7-26, 1928, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chr. + Acute Myocardial Insufficiency

(duration) 1 yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) Abortic Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical + Lab Exam

(Signed) ..... M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 7/28 1928

20 UNDERTAKER George J. Ruth — ADDRESS 1735 Hanford Ave

mation should be carefully supplied. AGE should be stated in years. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Blks.

E 36027

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36027

## CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St., 17-25 WARD)

2-FULL NAME John Kraft

(a) RESIDENCE NO. 620 N. Paca St. ST., WARD

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Kraft

6 DATE OF BIRTH (month, day, and year) Mar. 5, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 4 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jeper Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Harrison & Co

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Jno. Kraft

11 BIRTHPLACE OF FATHER (city or town) Balto, Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Gertrude Kraft

(Address) 520 N. Paca St. City

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1928

17

I HEREBY CERTIFY, That I attended deceased from 1-10, 1926, to 7-26, 1928

that I last saw h..... alive on July 26, 1928

and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis with Myocardial failure

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T T Dean, M. D.

, 19 (Address) 804 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 7/30 1928

20 UNDERTAKER William Cook

ADDRESS 512 N. Paca St

mation should be carefully supplied. Note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 27 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 36028

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

9 E 36028

1—PLACE OF DEATH Sydenham Hospital 14-W REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lily Crampton

(a) RESIDENCE NO. 423 Roberts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 7 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Leonard Crampton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Montgomery City, Md.

12 MAIDEN NAME OF MOTHER Carrie Onley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Montgomery City, Md

14 Informant Sydenham Hosp, records
(Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, - 28

17 I HEREBY CERTIFY, That I attended deceased from July 17, 19 28, to July 27, 19 28, that I last saw h.e alive on July 27, 19 28 and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH* was as follows:

Pertussis.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. & Course

(Signed) H. L. Faulkman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL July 27 '28

20 UNDERTAKER Samuel Hensley ADDRESS 1 E Balto

IMPORTANT. Answer questions in plain terms, so that it may be properly classified. Every question is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36029

## CERTIFICATE OF DEATH.

161-001 E 36029

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. 24-34 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Perrs. (Bay)

(a) RESIDENCE NO. St. Agnes Hospital (Usual place of abode) 1620 Webster St. ST., ..... WARD .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-25-1928.

| 7 AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 7 premature | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Frank J Perrs.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Conn.

12 MAIDEN NAME OF MOTHER Josephine L Schmidt

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) N.J

14

Informant Frank J Perrs.
(Address) 1620 J Webster St

15

Filed ..... 19 .....

2610 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-25, 1928, to 7-25, 1928, that I last saw h[illegible] alive on 7-25, 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. 6 mos 21 ds.

CONTRIBUTORY (Secondary) Atalectasis

(duration) ..... yrs. ..... mos. 1 hr. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL ..... 19

20 UNDERTAKER .....

ADDRESS .....

JUL 26 1928

mation should be carefully supplied. Avoid abbreviations. Write words in full.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36030

## CERTIFICATE OF DEATH

16-001 E 36030

1-PLACE OF DEATH Church Home & Inf.

CITY OF BALTIMORE: (No.) Broadway & Fairmount ST., 6-4 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Dudley

(a) RESIDENCE NO. Baltimore, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27, 1925

| 7 AGE | Years | Months | Days | If LESS than ~~1 day, hrs.~~ or 45 min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Albert Henry Dudley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lillie Maxwell Gaines

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. Carolina

14 Informant ...
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 19 25

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1925, to July 27, 19 25.
that I last saw him alive on July 27, 19 25.
and that death occurred, on the date stated above, at 10:25 a. m.
The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Walter S. Johnson M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ...

DATE OF BURIAL ..., 19

20 UNDERTAKER ...

ADDRESS ...

N. B.—WRITE PLAINLY, WITH PENCIL OR INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 M&T 1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36031

## CERTIFICATE OF DEATH.

1-001 16 E 36031

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No.) 1939 Madison Ave - ST. 14 10 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** Baby girl Lane -

(a) RESIDENCE NO. 1939 Madison Ave. ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single - |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, 4 hrs or min. |
|---|---|---|---|---|
| | — | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — ddd

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md -

PARENTS

10 NAME OF FATHER Edward Slater -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md -

12 MAIDEN NAME OF MOTHER Edna Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Danville, Va -

14 Informant mother
(Address) UNIVERSITY OF MARYLAND

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to July 25, 1928.
that I last saw her alive on July 25, 1928.
and that death occurred, on the date stated above, at 8:00 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No - Date of

Was there an autopsy? No -

What test confirmed diagnosis? [redacted]

(Signed) M. Alexander Morse M. D.

, 19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laur. Md. DATE OF BURIAL JUL 26 1928

20 UNDERTAKER ..... ADDRESS .....

JUL 27 1928 HAMPSON JONES, M. D. Commissioner of Health.

265R

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36032

## CERTIFICATE OF DEATH.

113 E 36032

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2426 Llewelyn Ave St. 7-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Madeline Ellis

(a) RESIDENCE NO. 529 N. Glover St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | S |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1/1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | | 5 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Winfield E. Ellis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Madeline Sponsal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mother

(Address)

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cellitis (undetermined)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Ruth M. D.

(Coroner)

7/27/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial July 27, 28

20 UNDERTAKER Wm C. Miller & Son ADDRESS 2334 Jeffery

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36033

## CERTIFICATE OF DEATH.

101-001

101 E 36033

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 13-5 ST., 1 WARD)

2-FULL NAME Charles Leonard Clark

(a) RESIDENCE No. 3101 Cedar av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1912

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 16 | 2 | 4 | |

8 OCCUPATION OF DECEASED School.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Charles H. Clark

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Virginia

12 MAIDEN NAME OF MOTHER Florence L. Carey

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md

14 Informant Hospital Records (Address)

15 Filed JUL 27 1928, 19 C. HARRISON GITES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to July 26, 1928, that I last saw him alive on July 26, 1928, and that death occurred, on the date stated above, at 11 55 a m

[redacted] as follows:

Lobar pneumonia

[redacted] F. J. Geroghty

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hemolytic jaundice

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. J. Geroghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL July 28 1928

20 UNDERTAKER Chenoweth Son

ADDRESS 3615 Keswick

mation should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Spence

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36034

## CERTIFICATE OF DEATH.

100-001

E 36034

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2915 Kirk Ave. ST. 4-46 WARD)

2-FULL NAME Harry W. Spence

(a) RESIDENCE NO. 2915 Kirk Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Spence

6 DATE OF BIRTH (month, day, and year) July 7, 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 66 | - | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machanist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Kemp Machine Co.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Spence

11 BIRTHPLACE OF FATHER (city or town) Richmond

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14

Informant Mr. Charles W. Spence

(Address) 2915 Kirk Avenue

15

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 19

17

I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 26, 1928.

that I last saw him alive on July 25, 19

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) K. K. Cooley M. D.

7-27 1928 (Address) 218 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL July 28 19

20 UNDERTAKER Joseph D. Cook

ADDRESS 1003 West Baltimore St.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36035

## CERTIFICATE OF DEATH.

X 100-001 E 36035

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Balto Gen. Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Catherine Stinchcomb

(a) RESIDENCE NO. Severna Park, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30, 1927

7 AGE Years 8 Months 7 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None (one)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1708 Claytons Court, Balto

PARENTS

10 NAME OF FATHER Ernest Stinchcomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Johnson Sta. Md.

12 MAIDEN NAME OF MOTHER Catherine Barlaine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Glenburnie Md.

14 Informant Father-E. Stinchcomb

(Address) Severna Park Md.

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1928. to July 27, 1928.

that I last saw her alive on July 27, 1928,

and that death occurred, on the date stated above, at 11 03 A. m.

The CAUSE OF DEATH* was as follows:

Respiratory failure

(duration) yrs. mos 1 hr

CONTRIBUTORY (Secondary) Bronchio Pneumonia.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) J. Stinchcomb M. D.

(Address) Balto. Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Severna Park Cem

DATE OF BURIAL July 29 1928

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

J. MARION JONES, M. D.

JUL 27 1928

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36036

## CERTIFICATE OF DEATH

+ 17 E 36036

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lester Bosley

(a) RESIDENCE NO. Arcady - Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 17 1909

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 18 | 8 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Father.

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Saml Bosley

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary A. Bosley

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Hospital Records

(Address)

15 Filed ..... 19.. HARRISON JONES, M. D.

JUL 28 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27. 1928

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to July 27, 1928, that I last saw h.. alive on July 27, 1928, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) 24 hrs

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/21/28

Was there an autopsy? No

What test confirmed diagnosis? Operation + Clinical Findings

(Signed) Jno A Thompson, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Grove Balto Co. Date of Burial July 30 1928

UNDERTAKER Edw. C. Tipton ADDRESS Hampstead Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36037 — 90 — E 36037

REGISTERED NO.

**1-PLACE OF DEATH**

City of BALTIMORE: (No. Md. General Hospital St. 17-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** John Calloway Fox

(a) RESIDENCE NO. 5303 Melvin Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 24 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, ~~widowed~~ or divorced HUSBAND of (or) WIFE of ~~Mary Ellen~~ Elizabeth N.

6 DATE OF BIRTH (month, day, and year) April 3, 1860

| 7 AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.. |
|---|---|---|---|---|
| | 68 | 3 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Fox

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wickel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Hospital Record

(Address)

15 Filed JUL 28 1928, 19 E. H. Registrar

By

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 17, 19 28, to July 27, 19 28,

that I last saw h[illegible] alive on July 27, 19 28,

and that death occurred, on the date stated above, at 11:2[illegible] a. m.

The CAUSE OF DEATH* was as follows:

Cardiovascular disease

(Myocarditis & endocarditis)

(duration) 5 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac decompensation with acute dilatation

(duration) yrs. 1½ mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

. 19 (Address)

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial July 30 1928

20 UNDERTAKER Wm. Fleckner Sons ADDRESS Forest Ha

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36038 (113) E 36038

REGISTERED NO.

1. PLACE OF DEATH

City of BALTIMORE; (No. 1720 Byrd St., 24-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Relay Ridge

(a) RESIDENCE NO. 1720 Byrd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 13 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 4 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER: Wm A. Ridge

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Okla

12 MAIDEN NAME OF MOTHER: Ethel M. Knudson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

11 Informant: Harvey Ridge

(Address) 1720 Byrd St.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1928

17 I HEREBY CERTIFY, That I attended deceased from July 20 1928, to July 27, 1928

that I last saw h.. alive on July 27, 1928

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Mio-Colitis

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed R. L. Campbell M. D.

1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — Date of Burial: July 30, 28

20 UNDERTAKER: Margaret G. Flynn — ADDRESS: 1422 Light St.

N. B.—WRITE PLAINLY, with unfading ink. Every item must be answered. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 28 1928 BERNICE JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 36039 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36039

# CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Sterling ST. 10-14 WARD)

2-FULL NAME Joseph Hopkins

(a) RESIDENCE No 913 Sterling ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | 1. Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Hopkins

6 DATE OF BIRTH (month, day, and year) unk.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 62 | unknown | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Diver

(b) General nature of industry, business, or establishment in which employed (or employer) Wagon

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant Florence Hopkins 913 Sterling St

15 Filed 7-28, 1928 Mathews Int

Registered

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-16-, 1928, to 7-26-, 1928, that I last saw h— alive on 7-25-, 1928 and that death occurred, on the date stated above, at 7,45 A m

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

Indefinite (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

7-29-, 1928 (Address) 611-N. Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cemetery | 7-28, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm J. Malone | 1705 Eut. |

MALONE Undertaking Co. Baltimore, Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NATURE OF DISEASE is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36040

## CERTIFICATE OF DEATH.

11-6 E 36040

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Wieszka

(a) RESIDENCE NO. 2614 Hudson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wieszka

6 DATE OF BIRTH (month, day, and year) 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER George Wieszka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Wieszka (Address) 2416 Hudson St

15 Filed JUL 28 1928 19 HARRISON JONES, M. D. Registrar RMK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to July 26, 1928, that I last saw h[illegible] alive on July 26, 1928, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Lung abscess

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Hammerman M. D.

, 19 (Address) 15 E. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL July 30 19 28

20 UNDERTAKER J. W. Ozgowski

ADDRESS 1930 Eastern Av

mation should be carefully supplied. Age should be ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36041

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002

E 36041

## CERTIFICATE OF DEATH

REGISTERED NO. 25575

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 - 3rd Ave. ST., 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Wisniewski Jr.

(a) RESIDENCE NO. 101 3rd Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) Oct-13-27

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 9 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work -

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn Md.
(State or country)

PARENTS

10 NAME OF FATHER John Wisniewski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland.

12 MAIDEN NAME OF MOTHER Zofia Rekiska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland.

14 Informant Zofia Wisniewski
(Address) 101 3rd ave Brooklyn Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27-28

17 I HEREBY CERTIFY, That I attended deceased from July 26, 19 28, to July 27 19 28.

that I last saw him alive on July 26, 19 28

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Diarrhea

(duration) 7 yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 1621 Eastern Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary | July 30 19 28 |

20 UNDERTAKER J. W. Gazewski ADDRESS 1930 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36042

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36042

## CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315 Edmondson Ave. (St.) 14-26 (Ward)

2-FULL NAME Alfred J. Stone

(a) RESIDENCE NO. 1315 Edmondson Ave. (St.) WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida May Stone

6 DATE OF BIRTH (month, day, and year) Sept 11, 1844

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... brs. or ... min. |
|---|---|---|---|---|
| | 83 | 10 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George W. Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Martha Ford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs Marietta Harvey (Address) 1315 Edmondson Ave.

15 Filed ..... ..., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to July 27, 1928, that I last saw him alive on July 26, 1928 and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Register Bill M.D.

7/28 1928 (Address) 1509 Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL July 30, 28

20 UNDERTAKER Wm J. Tucker & Sons ADDRESS Nork & Pa

IMPORTANT: Answer all questions in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36043

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36043

## CERTIFICATE OF DEATH.

REGISTERED NO. 160

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 S. Ellwood Ave ST. 1-1 WARD)

2-FULL NAME Edith L. Chester

(a) RESIDENCE NO. 706 S. Ellwood Ave ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 15, 1928

7 AGE: Years | Months | Days: 12 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Single
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Roy J. Chester

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Thelma L. Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Roy J. Chester
(Address): 706 S. Ellwood Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to July 27, 1928, that I last saw her alive on July 26, 1928, and that death occurred, on the date stated above, at 7:15 A m

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) ..... yrs. ..... mos 12 ds.

CONTRIBUTORY (Secondary): Malnutrition

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Joseph Tauber, M. D.

, 19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: July 28 1928

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

JUL 28 1928 HAMPSON, M. D.

mation should be carefully supplied. Exact statement of facts
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36044

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36044

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO. 135

CITY OF BALTIMORE: (No. 841 Towers St. ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John E. Bowen

(a) RESIDENCE NO. 841 Towers St. ST., 13 WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Bowen

6 DATE OF BIRTH (month, day, and year) Feb. 17-1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 5 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. A. Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Sarah E. Matthews

(Address) 84 Towers St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27-1928

17 I HEREBY CERTIFY, That I attended deceased from November 7, 1927, to July 27, 1928, that I last saw him alive on July 27, 1928 and that death occurred, on the date stated above, at 11.24 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. Hunt, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | July 30 1928 |
| 20 UNDERTAKER Horace H. Burgee | ADDRESS 323 Falls Road. |

Important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36045

## CERTIFICATE OF DEATH.

194 E 36045

Brockmeyer 7-10

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 515 N. Belnord Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Brockmeyer

(a) RESIDENCE NO. 515 N. Belnord Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Mary C. Brockmeyer

6 DATE OF BIRTH (month, day, and year) Nov 16/1863

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 64 | 8 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Hoen & Co 63

(c) Name of employer Printers

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Richard Brockmeyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Rich. C. Brockmeyer

(Address) 1665 N. Milton Ave

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 July 26/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Thermic Condition

(duration) yrs. mos. ds.

(Signed) J. C. Hall M. D.

(Coroner)

19 (Address) 508 E. northAve

7/27/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cemetery Fullerton Md. Date of Burial July 30 28

20 UNDERTAKER Henry Hoeck Sons ADDRESS 1301 E Eager St

N. B.—WRITE PLAINLY, with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. The classification of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36046

## CERTIFICATE OF DEATH.

112 E 36046

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 George St. 17-76 WARD)

2-FULL NAME Maggie Washington

(a) RESIDENCE NO. 709 George St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ross Washington

6 DATE OF BIRTH (month, day, and year): Apr 5 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 48 | 2 3 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10 NAME OF FATHER: Geo Parker

11 BIRTHPLACE OF FATHER (City or town) (State or country): Annapolis Md

12 MAIDEN NAME OF MOTHER: Maggie Hebron

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Annapolis Md

14 Informant: Susie Parker

(Address) 1030 Argyle

15 Filed JUL 28 1928, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 25, 19 28, to July 26, 19 28, that I last saw her alive on July 26, 19 28 and that death occurred, on the date stated above, at 8 35 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher, M. D.

July 28, 19 28 (Address) 1115 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: 7/28 19 28

20 UNDERTAKER: Samuel Beasley — ADDRESS: 578 N Eddie

MARION SHOULD BE [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36047

## CERTIFICATE OF DEATH.

37

E 36047

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Robert St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Wheeler

(a) RESIDENCE NO. 420 Robert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of or) WIFE of: the deceased Jas. F. Wheeler

6 DATE OF BIRTH (month, day, and year): June 23-1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 40 | | 1 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lexington Va

PARENTS

10 NAME OF FATHER: George Gilegread

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lexington Va

12 MAIDEN NAME OF MOTHER: Peggy Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lexington Va

14 Informant: Geo R Gilegread

(Address): 420 Robert St.

15 Filed ..... , 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 19 28

17

I HEREBY CERTIFY, That I attended deceased from Mar 5 , 19 28 , to July 28 , 19 28 ,

that I last saw h alive on July 24 , 19 28 ,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physician.

(Signed) Chas E Fuller, M. D.

, 19 (Address) 222 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: July 28 19 28

20 UNDERTAKER: Samuel B Kemler

ADDRESS 578 N Eutaw

mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DECEASED'S OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36048

## CERTIFICATE OF DEATH

113 E 36048

1-PLACE OF DEATH

City of BALTIMORE: (No. 1314 Fremont Ave St. 16-23 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Bowman

(a) RESIDENCE NO. 1314 Fremont Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 15, 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 10 | 11 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Balto md.

PARENTS

10 NAME OF FATHER Wm Bowman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) S. C

12 MAIDEN NAME OF MOTHER Jamie Pegues

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) S C

14 Informant Wm Bowman

(Address) 1314 Fremont ave

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 25, 19 28, to July 26, 19 28, that I last saw h.. alive on July 25, 19 28, and that death occurred, on the date stated above, at 3 15 P m.

The CAUSE OF DEATH* was as follows:

Acute Intest Colitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

over

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Hatcher, M. D.

, 19 (Address) 1125 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Mt Auburn cemetery | July 28 1928 |

20 UNDERTAKER Thomas E. Kelson ADDRESS 393 Pressman St

N. B.—WHITE PAPER, ... tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS ... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 36049

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36049

## CERTIFICATE OF DEATH

57

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2451 Woodbrook Ave St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Robinson

(a) RESIDENCE NO. 2451 Woodbrook Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced (or) WIFE of: William Robinson

6 DATE OF BIRTH (month, day, and year): May 15, 1892

7 AGE — Years: 36 Months: 2 Days: 10 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Danville Va

PARENTS

10 NAME OF FATHER: Moses Johnson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Harriett Rober

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Susie Rice

(Address): 2451 Woodbrook Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

JUL 23 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 13, 19 28, to July 23, 19 28, that I last saw her alive on July 24, 19 28, and that death occurred, on the date stated above, at 915 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) I. N. Hatcher, M. D.

. 19 (Address) 1 W 50 Pa Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: July 29 1928

20 UNDERTAKER: Thomas G. Kelson — ADDRESS: 338 Pleasant.

N. B.—WRITE PLAINLY, with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36050

## CERTIFICATE OF DEATH.

E 36050

90

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1313 Woodyard (St.) 15-23 (Ward)

2-FULL NAME Alverta Wright

(a) RESIDENCE NO. 313 Woodyard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John M. Wright

6 DATE OF BIRTH (month, day, and year): Feb 7-1879

7 AGE — Years: 49 — Months: 5 — Days: 18 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Lancaster

(State or country): Va

10 NAME OF FATHER: Robt Gibson

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Bundy

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country): Va

PARENTS

14 Informant: Frank Wright

(Address): 313 Woodyard

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 1928

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) F. C. Lauck M. D.

(Coroner) (Address) 1028 North Rose Edwin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery Date of Burial: July 28 28

20 UNDERTAKER: Thomas E. Kelson ADDRESS: 1303 Pennsylvania Ave

If DEATH occurred in a hospital or institution, the entry should be carefully supplied. AGE should be stated EXACTLY. If less than one day, hours or minutes must be given. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 36051

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36051

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 9-17 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thelma B Joyce

(a) RESIDENCE NO. St Josephs Hospital ST., WARD Warren Pa

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Joyce

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 23 — Months — Days — If LESS than 1 day, .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Warren Pa

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Frank Joyce

(Address): Warren Pa

15 Filed ..... 19.... Registrar

JUL 28 1928 C. HARRISON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/28 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/27 .1928. to 7/28 .1928. that I last saw her alive on 7/28 .1928, and that death occurred, on the date stated above, at 9 20/A m.

The CAUSE OF DEATH* was as follows:

Erysipelas

Acute Dimisitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. C. Hamerman, M. D.

, 19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Warren Pa — DATE OF BURIAL: 7/28 1928

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hollins

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

36052

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002 E 36052

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Newmwn

(a) RESIDENCE NO. 728 N. Mount St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Col | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 3/1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | | 5 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Robert Newman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Aiken, S.C.

12 MAIDEN NAME OF MOTHER Elizabeth Mack

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lenator, S.C.

14 Informant Father

(Address)

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Colitis-Probably Dysentery

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Mackenzie M. D.

(Coroner)

7/28/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem Date of Burial 7/29 1928

20 UNDERTAKER Dan Easton ADDRESS 916 Park

NOTE.—WRITE plainly and fill out all items. Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 28 1928

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36053

## CERTIFICATE OF DEATH.

90 E 36053

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 7-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

2-FULL NAME William Dorner (or Downing)

(a) RESIDENCE NO. 1714 Barnes ST., ..... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If not resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Wid |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Va

PARENTS

10 NAME OF FATHER Fred. Dorner

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Va

12 MAIDEN NAME OF MOTHER Nancy

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Va

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed ..... 19 .....

OCT 26 1928 C. HAMPSON, Jr. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 3-6 1928, to 7-27 1928

that I last saw him alive on 7-27 1928

and that death occurred, on the date stated above, at 10.00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic & acute

(duration) yrs. 5 mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

Emphysema (duration) Unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab

(Signed) [redacted], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL July 29 1928

20 UNDERTAKER Robert E. Watkins

ADDRESS 1515 Mackenzie St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36054

## CERTIFICATE OF DEATH.

57

E 36054

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N Collington Ave ST., 8-12 WARD)

2-FULL NAME Eliza Gerber

(a) RESIDENCE NO. 1206 N Collington Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 60 yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Gerber

6 DATE OF BIRTH (month, day, and year): 7/3/1852

7 AGE: Years 76 Months 0 Days 25 24

If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Lucy Ranz

(Address) 1206 N Collington Ave

15 Filed ....., 19.... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1925 to July 28, 1928.

that I last saw h[illegible] alive on July 3, 1928

and that death occurred, on the date stated above, at 5 30 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 3 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Cerebral Thrombosis

(duration) ..... yrs. ..... mos. 15 min ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms tests

(Signed) Herbert Bingwald, M. D.

July 30, 1928 (Address) 1613 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery

DATE OF BURIAL: 7/30 1928

UNDERTAKER: Albert L Hiltz Jr

ADDRESS: 1606 N Charles St

mation should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36055

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36055

## CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 E Balto ST., 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shane Rubin

(a) RESIDENCE NO. 2100 E Balto ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? 15 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1870

7 AGE: Years 58 Months 6 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Frank Bristhman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Nathan Rubin

(Address) 2005 Kepton Ave

15 Filed JUL 29 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1928

17

I HEREBY CERTIFY, That I attended deceased from July 26 1928 to July 27 1928, that I last saw her alive on July 27 1928, and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) about 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension & chr. nephritis

(duration) about 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home - Balto.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Louis Jacobs, M. D.

7/28 1928 (Address) 1700 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 7/29 1928

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly CODED. ATTENTION is very important. See instructions on back of certificates.

Spec. 1-10-21—MAT—1500 Blks.

Evans

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36056

## CERTIFICATE OF DEATH.

122-001

E 36056

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Cathcart & Fayette ST., 4-30 WARD)

2-FULL NAME William Evans

(a) RESIDENCE NO. 410 W. Somerset ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 7-1880

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | 8 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Office Manager

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Evans.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Louisa Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Harry S. Rockwell (Address) 4846 Kenwood Ave

15 Filed JUL 28 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1928

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to July 27, 1928, that I last saw him alive on July 26, 1928 and that death occurred, on the date stated above, at 3:28 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency with decompensation

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Possible carcinoma of liver

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elizabeth B. Shenton M. D.

7-28-1928 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery DATE OF BURIAL: July 30, 1928

20 UNDERTAKER: Harry Hurtt & Co ADDRESS: 1314 W Lanvale

mation should be carefully supplied. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36057

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 36057

1-PLACE OF DEATH St. Agnes. Hospital

REGISTERED NO. 25-72

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mat. August Kuhl

(a) RESIDENCE NO. St. Agnes. Hospital ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Husband of Mrs. Kuhl.

6 DATE OF BIRTH (month, day, and year) Oct 5 1846

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 9 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Kuhl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister Mary Clare, (Address)

15 Filed ....., 19 ..... RMK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/5, 1928, to 7/26, 1928, that I last saw h[illegible] alive on 7/25, 1928 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Uremia - following acute retention

(duration) ..... yrs. 1 mos 20 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Phy. Sx. & Lab

(Signed) [illegible], M. D.

, 19 (Address) 701 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | 7/30/28 |
| 20 UNDERTAKER Harry Stritzke | ADDRESS 1527 W Fayette St |

CAUSE OF DEATH in plain terms, so that a ... TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36058

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

× 129 E 36058

REGISTERED NO. 11-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. (WARD)

2-FULL NAME Sallie Lucinda Thomasson

(a) RESIDENCE NO. Ferndale, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed or divorced HUSBAND of (or) WIFE of G. H. Thomasson.

6 DATE OF BIRTH (month, day, and year) Nov. 30 1870.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 8 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Martinsville, Va. (State or country)

PARENTS

10 NAME OF FATHER Thomas King.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Cahill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Daughter (Address) Ferndale.

15 Filed ....., 19 ..... Registrar

CAUSE OF DEATH must be plainly stated. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to July 26, 1928, that I last saw h— alive on July 26, 1928, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremic Toxemia

(duration) 5 yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of No.

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) L. U. Humphries, M. D.

7/26 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leda Bluff Annapolis

DATE OF BURIAL 7/29 1928

20 UNDERTAKER Harry Nitsche

ADDRESS 1531 W Lan

Spec.—1-12-23—M&T—500 Bks.

E 36059

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

49

E 36059

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 20 N. Clinton ST., 26-11 WARD)

2-FULL NAME George Dressel

(a) RESIDENCE NO. 20 N. Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed or divorced HUSBAND of ~~(or) WIFE of~~ Late Margaret Dressel

6 DATE OF BIRTH (month, day, and year) Feb 26/43

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 85 | 5 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 62

(b) General nature of industry, business, or establishment in which employed (or employer): Bank

(c) Name of employer: Watchman

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Andrew Dressel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kunigunda

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Weber

(Address) 20 N. Clinton St

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH ... TION is very important. See instructions on back of certificates.

JUL 29 1928 HEALTH DEPARTMENTS, BALTIMORE, MD.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 14, 19 28, to July 26, 19 28

that I last saw h live on July 26, 19 28

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma coronary thrombosis, chr nephritis, chr myocarditis, arteriosclerosis hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin data

(Signed) H. Whilden Wright M. D.

, 19 (Address) 2034 Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine

DATE OF BURIAL: 7/30 19 28

20 UNDERTAKER: Philip Herwig

ADDRESS 206 Aliceanna St

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36060 — 113 ✓ — E 36060

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) Sydenham Hospital ST., 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna May Clements

(a) RESIDENCE NO. 2200 Christian St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12th 1928

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 6 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER James Clements

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER May E. Orndorff

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant James Clements
(Address) 2200 Christian St.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to July 27, 1928, that I last saw her alive on July 27, 1928 and that death occurred, on the date stated above, at 11 06 P. M.

The CAUSE OF DEATH* was as follows:

Enteritis (under 2 years)
organism unknown
(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Bilateral Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

7/28, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | July 30th 1928 |
| 20 UNDERTAKER | ADDRESS |
| John J Cowan & Son | [illegible] |

Important. See instructions on back of certificates.

JUL 30 1928 EDGAR JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36061 E 36061

## CERTIFICATE OF DEATH

45

REGISTERED NO. 17-24

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Ething ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jerome Hackett

(a) RESIDENCE NO. 1102 Ething ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie Hackett

6 DATE OF BIRTH (month, day, and year) — 1870

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Robert Hackett

(Address) 1102 Ething St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/28

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to July 26, 1928, that I last saw h in alive on July 25, 1928 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Peritoneal Carcinomata

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard, M. D.

7/28, 1928 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL July 29 1928

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

IMPORTANT: Answer questions in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36062

## CERTIFICATE OF DEATH.

E 36062

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Union Ave ST., 13-57 WARD)

2-FULL NAME Martha Barton

(a) RESIDENCE NO. 1402 Union Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed or divorced HUSBAND of (or) WIFE of George Barton

6 DATE OF BIRTH (month, day and year) May 2 - 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 2 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co.

PARENTS

10 NAME OF FATHER David Conts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Priscilla Gent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Miss Barton

(Address) 1402 Union Ave

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to July 28, 1928, that I last saw h alive on July 27, 1928, and that death occurred, on the date stated above, at July 27 m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

Mitral regurgitation

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac debility

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? Date of no

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

July 27, 1928 (Address) 3429 Clarendon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn DATE OF BURIAL July 30 1928

20 UNDERTAKER A S Marshall ADDRESS 3539 Fall Rd

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36063

## CERTIFICATE OF DEATH.

74-001 E 36063

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 E 20th St., 12 Ward) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ann Leister

(a) RESIDENCE NO. 334 E 20th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel B Leister

6 DATE OF BIRTH (month, day, and year): Sept 18 1856

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 72 | 10 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hagerstown Md.

PARENTS

10 NAME OF FATHER: Andrew Schwinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Catherine Fegley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hagerstown Md.

14 Informant: Edith Irene Leggett

(Address) 1439 N Bond St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to July 27, 1928.

that I last saw her alive on July 27, 1928

and that death occurred, on the date stated above, at 10 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insuff

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. W Kovacy, M. D.

19 (Address) 1812 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rose Hill cemetery Hagerstown Maryland — DATE OF BURIAL: July 30 1928

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W Northrop

JUL 29 1928 H. HARRIS JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT SPECIFIC NATURE OF EACH DISEASE OR CONDITION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 36064

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

+90 E 36064

24-53

1-PLACE OF DEATH
CITY OF BALTIMORE—NO. South Balto. Gen. Hospital (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Brush (Brosz)

(a) RESIDENCE NO. Millersville, Md. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W | Married. |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mary Brush.

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER James Brush
11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Hospital Records
(Address)

15 Filed . 19 . Per Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17 I HEREBY CERTIFY, That I attended deceased from July 9 . 1928 . to July 26 . 1928
that I last saw him alive on July 26 . 1928
and that death occurred, on the date stated above, at 6-10 A m.

The CAUSE OF DEATH* was as follows:

Cardiac failure.

(duration) yrs. mos. 15 min.
CONTRIBUTORY (Secondary) Chr. Nephritis
(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? Yes Date of 7/10/28
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. Stovall Woods, M. D.
. 19 . Address So. Balto. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross 6.6.28
DATE OF BURIAL July 28 1928

20 UNDERTAKER Hamm & Crockston
ADDRESS 1966 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CONDITION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36065

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36065

## CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E. Biddle ST., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Nora Hatfield

(a) RESIDENCE NO. 1817 E. Biddle ST., 5 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year) Jan. 15-1925

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 6 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. Hatfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sykesville, Md

12 MAIDEN NAME OF MOTHER Minnie Comerlock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Chas. Hatfield (Address) 1817 E. Biddle

15 Filed ..., 19... Registrar

CAUSE OF DEATH in plain terms, so that it may be understood. DEFINITION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 4 – , 1928, to July 28, 1928, that I last saw h[illegible] alive on July 20 – , 1928, and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) – yrs. – mos 15 ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 1/2 day

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

7/28, 1928 (Address) 1223 N. Carolina St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sykesville Md

DATE OF BURIAL: July 31 1928

20 UNDERTAKER: Fred Crockett

ADDRESS: 1706 Eutaw

CLARENCE JONES, M. D.

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36066

## CERTIFICATE OF DEATH

90 E 36066

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 923 Gilmor St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Kelly

(a) RESIDENCE NO. 923 Gilmor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 1 mos. 29 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): married.

5a If married, widowed, or divorced (or) WIFE of: Willard Kelly

6 DATE OF BIRTH (month, day, and year): May 27-1900

7 AGE — Years: 28 Months: 1 Days: 29 IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Robt Temple

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Terrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Emma Temple (Address) 923 N. Gilmor St

15 Filed ....., 19..... Registrar RCK.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 28, 19 28, to July 26, 19 28, that I last saw h alive on July 26, 19 28, and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 3 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Hitch M. D.

7/28, 19 28 (Address) 1715 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery — Date of Burial: July 29 19 28

20 UNDERTAKER: Jno. W. Black Son — ADDRESS: 1400 Westwood

tion should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Blks.

E 36067

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

199 E 36067

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1702 W La Fayette St.) 16-22 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Simmons

(a) RESIDENCE NO. 1702 W La Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Simmons

6 DATE OF BIRTH (month, day and year) 1891

7 AGE Years 37 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid 70

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Y. W. C. A.

9 BIRTHPLACE (city or town) N. C.

(State or country)

PARENTS

10 NAME OF FATHER Wm Boyle

11 BIRTHPLACE OF FATHER (city or town) N. C.

(State or country)

12 MAIDEN NAME OF MOTHER Mollie Wheeler

13 BIRTHPLACE OF MOTHER (city or town) N. C.

(State or country)

14 Informant Geo. Boyle

(Address) 1702 W La Fayette St

15 Filed ..... 19..... R. C. [illegible] Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Autopsy (Coroner, autopsy or inquiry.) find that said deceased came to [illegible]

on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple Fractures Skull and Laceration of Brain

(duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) (Homicide with iron bar. Husband)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Smith M. D.

Coroner

July 27th (Address) 104 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial July 30 1928

20 UNDERTAKER Jane H. Chase Lic ADDRESS 1400 Mosher

tion should be carefully supplied. All questions must be answered. Exact statement of OCCUPATION is very important. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-12-23—M&T—500 Blks.

E 36068

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36068

## CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N. Smallwood ST., 20-69 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth N. Meyer

(a) RESIDENCE NO. 29 N. Smallwood ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis D. Meyer

6 DATE OF BIRTH (month, day, and year): Feb. 16, 1859.

7 AGE — Years: 69 — Months: 5 — Days: 9 — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md

PARENTS

10 NAME OF FATHER: Joseph N. Wilkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Louis D. Meyer
(Address) 27 N. Smallwood St

15 Filed ..... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1928.

17 I HEREBY CERTIFY, That I attended deceased from April, 1927, to July 27, 1928, that I last saw h alive on July 26, 1928, and that death occurred, on the date stated above, at 5.45 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Hypertension

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Sphygmomanometer

(Signed) Chas A Reno M. D.

7/27 1928 (Address) 2105 N Belt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: July 30 1928

UNDERTAKER: Chas. Wm. John W. Teufel & Son

ADDRESS: 801 W. Fayette

JUL 29 1928

that it may be properly classified. Exact statement of occupa-
CAUSE OF DEATH in plain terms, so that
TION is very important. See instructions o
mation should be carefully supplied.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36069 E 36069

## CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Carlisle Ave. ST., 15-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry L. Fuller.

(a) RESIDENCE No. 3913 Carlisle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: L. Margarita J. Fuller

6 DATE OF BIRTH (month, day, and year): Oct. 5-1855

7 AGE: Years 72 | Months 9 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Worthington Mass.

PARENTS

10 NAME OF FATHER: Stephen J. Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Louisa Swain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Boston

14 Informant: Louisa Fuller Jenkins (Address) 3913 Carlisle Ave.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28. 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to July 28, 1928.

that I last saw him alive on July 28, 1928, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Tongue)

(duration) yrs. 7 mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exams.

(Signed) Charles L. Warner. M. D.

19 (Address) 3317 Egerton Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northampton. Mass. DATE OF BURIAL: July 30 1928

20 UNDERTAKER: Mrs. Mrs. John H. Tenferson ADDRESS: 80, W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36070

## CERTIFICATE OF DEATH.

E 36070

1-PLACE OF DEATH St. Agnes. Hospital

CITY OF BALTIMORE: (NO. ..... ST., ..... WARD) 129 4-25

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mgt. Oelmann.

(a) RESIDENCE NO. 219 Penn St. City. ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female. | White | Married Widow |

5a If married, widowed, ~~or divorced~~
(or) WIFE of ~~HUSBAND of~~ George L. Oelmann

6 DATE OF BIRTH (month, day, and year) Oct. 10-1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 60. | 9 | 16- | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) ~~None~~ out

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Michael Ward

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Gath

13 BIRTHPLACE OF MOTHER (city or town) Ireland.
(State or country)

14 Informant Mrs. Biedenburg - Friend
(Address) 718 Portland St

15 Filed ..... 19 ..... Reg'k ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-13, 1928, to 7-26, 1928,
that I last saw her alive on 7-26, 1928
and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Nephrolithiasis (Double)
Chronic Interstitial Nephritis

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? X Ray + Clinical.

(Signed) W. Oelmann M. D.

, 19 (Address) 904 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem | 7/30 1928 |
| UNDERTAKER J. J. Moran | ADDRESS 2000 E Balto |

CAUSE OF DEATH in plain terms, so that it may be properly coded.
TION is very important See instructions on back of certificates.

AUG 29 1928 C. HAMPTON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36071

129 E 36071

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2003 N. Washington St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie M. Wilking

(a) RESIDENCE NO. 2003 N. Washington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Wilking

6 DATE OF BIRTH (month, day, and year) July 4, 1877,

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 51 | | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry C. Clautice

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Magdalen Burnham

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant George H. Wilking

(Address) 2003 N. Washington St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1928, to July 26, 1928, that I last saw h.... alive on July 24, 1928, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease following Chorea

(duration) 49 yrs. mos. ds.

CONTRIBUTORY (Secondary) Subacute Nephritis C Hypertension.

(duration) ? yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Edwin P. Jaggard, M. D.

, 19 (Address) 1125 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial July 30 1928

20 UNDERTAKER Mrs. Albert E. Fuller ADDRESS 4806 Harford ave.

CORONER'S M. D.

JUL 30 1928

tion should be carefully supplied. All questions must be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36072 X 153 E 36072

1—PLACE OF DEATH Provident Hosp.

REGISTERED NO. 11-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 413 W Biddle ST., (WARD)

2—FULL NAME Andrew Johnson

(a) RESIDENCE NO. Brown Wood A.A Co Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Johnson

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ireland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

11 Informant Frances Johnson

(Address) Brown Wood A.A. Co.

15 Filed ..... 19 ... Registrar

important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1928, to July 28, 1928, that I last saw h alive on July 27, 1928 and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Arm

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Generalized Septicemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Brown Wood A.A Co Md

Did an operation precede death? yes Date of July 27, 1928

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Benger Harris, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Broad Neck Cem'l | July 19 28 |
| 20 UNDERTAKER E H B Parker | ADDRESS 27 Calvert St |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36073

## CERTIFICATE OF DEATH.

118-001 E 36073

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary, 6-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Harry Apple

(a) RESIDENCE NO. Warsaw, N.C. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Apple

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Harris ahld/Koh unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Levitt Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Abe Apple Cake Co. Durham, N.C.

(Address)

15 Filed ....., 19 .... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute rt cardiac Dilatation

Pulmonary Odema following operation

Inguinal Hernia (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) ..... M. D.

7/28/28 (Address) 502 E. Northave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Durham N C Date of Burial July 29 28

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eastern Ave

tion should be carefully supplied. If the certificate may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

JUL 29 1928

Spec.—1-12-23—M&T—500 Blks.

E 36074

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36074

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat ST., ..... WARD) 28-63

2-FULL NAME John L. Judge

(a) RESIDENCE NO. 4 Fourstah ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State) Troy New York.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20 1908

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 19 | 8 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Troy N. Y.

PARENTS

10 NAME OF FATHER John L. Judge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Troy N. Y.

12 MAIDEN NAME OF MOTHER Jane Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant (Address) Mr. J. L. Judge (Father) Troy N. Y.

15 Filed ....., 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that a layman may understand. TION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 29 July 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/26, 1928, to 7/29, 1928, that I last saw h[illegible] alive on 7/29, 1928, and that death occurred, on the date stated above, at 11.40 A.m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus acquired Congenital

(duration) 19 yrs. 8 mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) ..... yrs. ..... mos. 1/2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Findings at autopsy

(Signed) Duncan T. Clarke M. D.

, 19 (Address) 338 Lexington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Troy - New York

DATE OF BURIAL July 30 28

20 UNDERTAKER STEWART & MCIVER COMPANY

ADDRESS 108 W. NORTH AVE

FEB 20 1928 C. GRAHAM JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36075

## CERTIFICATE OF DEATH.

× 179 · E 36075

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 4-30 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mourer H. Seitz

(a) RESIDENCE NO. Reisterstown, St. Md Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 22 - 1910

7 AGE — Years: 18 — Months: 5 — Days: 4 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Melvin Seitz

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Elsie Hollands

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Frank W. Seitz

(Address): 709 W. 33rd St.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns 1st & 2nd degree burns over entire face & body (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller M. D.

(Coroner)

7/26, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arundel Lodge Date of Burial 7/30 1928

20 UNDERTAKER: Franklin W Seitz ADDRESS 709 W 33 St.

tion should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified. Exact statement of

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36076

## CERTIFICATE OF DEATH.

3 | E 3607

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., (WARD)

REGISTERED NO. 11-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Ridout

(a) RESIDENCE No. 1023 N. Mount st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Steven Ridout

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Katie Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14

Informant Hospital Records

(Address)

15

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to July 27, 1928, that I last saw her alive on July 27, 1928, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C. Smith, M. D.

7-27-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL July 30 1928

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36077

## CERTIFICATE OF DEATH.

49

E 36077

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., 27-53 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lizzie Mills

(a) RESIDENCE NO. 410 Bridgewood Rd. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr Williams & Mills

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 68; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: Dr James A. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Richmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Annie L. Martin

(Address) 912 Eagerton Rd

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-29. 1928, to 7-29. 1928.

that I last saw h[illegible] alive on 7-29. 1928,

and that death occurred, on the date stated above, at 10:[illegible] m.

The CAUSE OF DEATH* was as follows:

Anemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Lab.

(Signed) Wm Waterdale, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: July 31 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36078

## CERTIFICATE OF DEATH.

43

E 36078

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A Kelly Hospital ST., (WARD) 1553

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin F. Sloan

(a) RESIDENCE NO. Woodlawn + Upland Rds ST., Roland Park, WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Willms Sloan

6 DATE OF BIRTH (month, day, and year) Feb 27, 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 5 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Catalla Texas

PARENTS

10 NAME OF FATHER William Wilson Sloan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nashville Tennessee.

12 MAIDEN NAME OF MOTHER Mary Francis Smith

BIRTHPLACE OF MOTHER (city or town) (State or country) Hope Mississippi

14 Info (Addre Louisa Sloan Pollock Johns Hopkins Club, City

15 Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1928, to July 29, 1928, that I last saw him alive on July 29, 1928, and that death occurred, on the date stated above, at 12.30 pm.

The CAUSE OF DEATH* was as follows:

Carcinoma of lower lip with metastases to glands of neck.

(duration) yrs. 19 mos ds.

CONTRIBUTORY - (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of Jan 1927

Was there an autopsy? no Nov 1927

What test confirmed diagnosis? Operation

(Signed) Edward Kelly, M. D.

7-29, 1928 (Address) 418 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Ridge | July 31 1928 |

20 UNDERTAKER Wm. Cook ADDRESS 5[illegible] E. Monument St.

N. B.—Write plainly. Information should be given in plain terms, so that there may be no question as to the proper CAUSE OF DEATH in plain terms, so that there may be no question as to the proper CAUSE OF DEATH is very important. See instructions on back of certificates.

JUL 31 1928 RAYMOND L. JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36079

## CERTIFICATE OF DEATH.

185 E 36079

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 3 Balto City Hosp. St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Lind Evers

(a) RESIDENCE NO. 627 S Curley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Evers

6 DATE OF BIRTH (month, day, and year) April 12 1853

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 75 | 3 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Canada

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Canada

12 MAIDEN NAME OF MOTHER Emma Cox

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Canada

14 Informant Mrs Emma Dell

(Address) 627 S Curley

15 Filed_____, 19____ HARRISON JONES, M.D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Neck of Femur

fall from bed accident

(duration) .....yrs. .....mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiosis

(duration) .....yrs. .....mos. 2 ds.

(Signed) Jerry M Hanson M. D.

(Coroner)

7 29 1928 (Address) 701 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., .....mos., 12 ds. In the State .....yrs., .....mos., .....ds.

Where was disease contracted, if not at place of death?

627 S Curley

Former or usual residence 627 S Curley

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Date of Burial July 31 1928

20 UNDERTAKER Wallace Cook ADDRESS 501 E North Ave

JUL 30 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—600 lbs.

E 36080

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36080

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Melville Ave ST., Woodly WARD) 47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sallie L Guyton

(a) RESIDENCE NO. 614 Melville Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W. | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wilbur F. Guyton

6 DATE OF BIRTH (month, day, and year) Aug. 25. 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 11 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Theodore Long.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa A Bosman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs W F. Guyton
(Address) 614 Melville Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27. 1928

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to July 27, 1928.

That I last saw her alive on July 26, 1928

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Mammae

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Metastasis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? Yes Date of Feb. 1927

Was there an autopsy? not Clinical

What test confirmed diagnosis? Operation Pathological

(Signed) John S. Fraley M. D.

7/28. 1928 (Address) 42. Preston st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore | July 30 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm E Cook | 502 E North Ave |

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36081

## CERTIFICATE OF DEATH.

16-002 E 36081

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 627 N. Calvert St. ST.; 11-7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Schellenschlager

(Residence in Baltimore, No. 627 N. Calvert St St.; 6 yrs., ..... mos. ..... ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~. (Write the word.) Widower

6-DATE OF BIRTH. Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE. 84 yrs. ..... mos. ..... ds.

If LESS than 1 day, ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. News Dealer 86
(b) General nature of industry, business, or establishment in which employed (or employer). News Stand

9-BIRTHPLACE. (State or Country). Harford Co. Md.

PARENTS.

10-NAME OF FATHER. Mathasias Schellenschlager

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Yellman

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Schellenschlager

(Address) 3829 Fernwood Ave

15-

Filed ....., 191.....

C. HARPER JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. July 28, 1918.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1918, to July 28 1918, that I saw him alive on July 28 1918, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Arteriosclerosis

Do Not Know (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dysentery - Asthma

(Duration) ..... yrs. ..... mos. 28 ds.

(Signed) Edward P. Smith M. D.

July 28, 1918. (Address) 920 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. July 30, 1918

20-UNDERTAKER George J Smith

ADDRESS 1582 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 36082

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36082

1-PLACE OF DEATH St Joseph Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Wagner

(a) RESIDENCE NO. 1205 Battery Ave ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 29 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 2 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Nagus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna C Schutter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Frances Thompson

(Address) 1205 Battery Ave

15 Filed JUL 30 1928, 19 C. BAMBERGER JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7—30 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 25, 19 28, to July 30, 19 28,

that I last saw her alive on July 30, 19 28,

and that death occurred, on the date stated above, at 12 15 A m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

Chronic (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A H Bowman, M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cem | 8-1 1928 |
| 20 UNDERTAKER E & B Stark | ADDRESS 115 E West St |

mation should be carefully supplied. Exact statement of occupa-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 lbks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36083

## CERTIFICATE OF DEATH.

182 E 36083

REGISTERED NO.

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No. Balto City Hospital St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Balke

(a) RESIDENCE NO. 36 4 Patterson Park ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Mal | Whit | Singl |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8 1920

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 8 | 1 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto City

PARENTS

10 NAME OF FATHER Jacob Balke

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Yankowitz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jacob Balke

(Address) 36th Patterson Park ave

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

while Swimming

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) James M. Kenlon M. D.

(Coroner)

7/30 1928 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial July 30 1928

20 UNDERTAKER Jack Laurs ADDRESS 1439 Eutaw St

Filed 1928

Registrar

FOR STATISTICAL PURPOSES ONLY. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 36084

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

182 E 36084

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

City of BALTIMORE: (No.) Balto City Hospital St., 6-10 Ward.

2-FULL NAME Sidney Rosenstein

(a) RESIDENCE NO. 364 Patterson Pk Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28 1917

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 11 | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City, Md

(State or country)

PARENTS

10 NAME OF FATHER Rosenstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Jankowitz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jacob Baelk

(Address) 364 Patterson Pk Ave

15 Filed....., 19.. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning
While Swimming -
Patapsco River

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M. Fenton M. D.
(Coroner)

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Date of Burial July 30 1928

20 UNDERTAKER Jack Levy ADDRESS 439 E Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 36085

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

118-001 E 36085

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary D. Guglielizza (or Willis)

(a) RESIDENCE NO. 1428 E. Oliver St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Guglielizza

6 DATE OF BIRTH (month, day, and year) December [illegible]

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 31 years | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Joseph arena

11 BIRTHPLACE OF FATHER (City or town) Italy.

(State or country)

12 MAIDEN NAME OF MOTHER Eonlarina

13 BIRTHPLACE OF MOTHER (city or town) Italy.

(State or country)

14 Informant Thomas Guglielizza

(Address) 1428 E. Oliver St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28th 1928 19

17 I HEREBY CERTIFY, That I attended deceased from July 19th, 1928, to July 28th 1928, that I last saw her alive on July 27th 1928, and that death occurred, on the date stated above, at 5 00 A.M. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia - 1 Mo. - St. Joseph's Hosp.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infarction

(See other side.) 1/2 hour

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Probably St. Joseph's Hosp.

Did an operation precede death? Date of May. 1928

Was there an autopsy? No -

What test confirmed diagnosis?

(Signed) Francis W. Sellers, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Aug-1 1928

20 UNDERTAKER Lilly + Zeiler Inc. ADDRESS 403 S. Wolfe St.

tion should be carefully supplied. OF DEATH in plain terms, so that it may be properly classified. Exact statement of very important. See instructions on back of certificates.

HAMILTON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36086 E 36086

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital 129

CITY OF BALTIMORE: (No. ..... ST., 25 WARD 72)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bridget O'Dowd.

(a) RESIDENCE NO. St Agnes Hospital ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 50 yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank.

6 DATE OF BIRTH (month, day, and year): ——

7 AGE: Years 92 | Months — | Days — | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Richard Mc Hugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Gallagher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Frank O'Dowd.
(Address) Police Station Main St Pittsburgh Pa

15 Filed ..... 19 ..... (Signature of Registrar)

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-27 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to July 27, 1928, that I last saw h[illegible] alive on July 27, 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis - Liver
Chronic Nephritis
Chronic Myocarditis

(duration) 8 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? By Signs & Symptoms.

(Signed) Dominic Bland, M. D.

, 19 (Address) 2326 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pittsburg Pa — DATE OF BURIAL: 8-1-28.

20 UNDERTAKER: M. Fahey Sons — ADDRESS: 1823 W North Ave

TION is very important See instructions on back of Certificate

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36087 7

## CERTIFICATE OF DEATH. 31

E 36087

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., 17-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alex. Nimons

(a) RESIDENCE No. 818 Harlem ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 24 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Scott Nimons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed ..... 19.... Registrar

CAUSE OF DEATH to be filled in plain terms, so that a non-medical person can understand it. TION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1928 to July 28 1928 that I last saw him alive on July 28 1928 and that death occurred, on the date stated above, at 5.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith, M. D.

7-28-28 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clar. S. C. DATE OF BURIAL July 30 28

20 UNDERTAKER Clement H Hensley ADDRESS 818 Bridge

Cor.—12-9-25—A Co.—200 Bks.

E36088

Scott

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

188-103 E 36088

1-PLACE OF DEATH

City of BALTIMORE: (No. S.E. Cor Mount Royal Ave & Linden St., [illegible] Ward)

REGISTERED NO. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Scott

(a) RESIDENCE NO. 155 1/2 Argyle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Mulatto

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1903 ?

7 AGE: Years 25 Months about ? Days IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Presser

(b) General nature of industry, business, or establishment in which employed (or employer): in Confect. Store

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md. ?

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant [illegible]

(Address) [illegible] W. Baltimore

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by an Auto (Injuries & shock)

One minute (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

1930 (Signed) [illegible] M. D.

(Coroner)

, 19 (Address) 629 Cumberland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial July 28 1928

20 UNDERTAKER: [illegible] ADDRESS [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 36089

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH. 188-103 E 36089

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 16-23 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gittings

(a) RESIDENCE NO. 1010 Myrtle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Man | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Gittings

6 DATE OF BIRTH (month, day and year) Nov. 28-1899

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 28 | 7 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car washer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER W Gittings

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Gittings

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Sarah Gittings

(Address) 1010 Myrtle

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 19 25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull

Struck by Auto (Motorcycle) (duration) (0) yrs. (1) mos. ds.

CONTRIBUTORY (Secondary) Cut wrists (duration) yrs. mos. ds.

(Signed) H. H. Paley M. D.

(Coroner)

June 30, 19 25 (Address) 163 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial July 30 25

20 UNDERTAKER Samuel E. Hensley ADDRESS 525 N. Bond

OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 36090

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90

REGISTERED NO. E 36090

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 S Robinson St ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Weber

(a) RESIDENCE NO. 430 S Robinson Street ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth 68 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug- 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 67 68. | | 11 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woman's Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John Weber Son.
(Address) 430 S Robinson Street

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24/28

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to July 29, 1928, that I last saw h.. alive on July 29, 1928 and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Kupferschmidt M. D.

7/30. 19 (Address) 2489 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| H. Cemetaries Cem. | Aug 1 1928. |
| 20 UNDERTAKER | ADDRESS |
| Geo. A Weber | 2205 Bank |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36091

## CERTIFICATE OF DEATH.

10-001 E 36091

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2111 E. Preston St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mary Regina Lafferty

(a) Residence No. 2111 E. Preston St., 8 Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female | 4-COLOR OR RACE, white | 5-Single, Married, Widowed, or Divorced, (Write the word.) —

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) April 29 1926

7-AGE, 2 yrs. 3 mos. 1 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John E Lafferty

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Wilhelmina Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant) John Lafferty

(Address) 2111 E Preston St

15-

Filed ..... 19.. ..... Registrar.

Dean

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 30 1928

17- I HEREBY CERTIFY, That I attended deceased from July 27 1928 to July 29 1928, that I last saw h[illegible] alive on July 29 1928, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) D P Herzog M.D.

7/30, 1928 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Cross | DATE OF BURIAL, July 31 1928

20-UNDERTAKER, Geo M. Sims & Son | ADDRESS 811 W Lafayette

In plain terms, so that it may be properly understood, see instructions on back of certificate.

E. HAMPSON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36092

## CERTIFICATE OF DEATH.

90 E 36092

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Turner Joyce

(a) RESIDENCE NO. 729 West Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
September, 3rd 1881

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | 10 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Joyce

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Schwatka

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. H. J. Montgomery

(Address) 3017 Greyson Street

15 Filed ..... 19 .....

Registrar

OF DEATH in plain terms, so that it may be properly classified. Leave no uncertainty. Be very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an 7/28/28. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabulos Disease of Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Thomsen M. D.
(Coroner)

7/29, 192 (Address) 2632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.,..... ds. In the State yrs.. mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

July 30 19

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Balto St

Spec.—12-9-25—A Co.—200 Bks.

E 36093

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36093

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1951 W Mulberry St. St., 20 Ward)

2-FULL NAME Barbara Ernst Boyer

(a) RESIDENCE NO. 1951 W Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 28 1847

7 AGE — Years: 80 — Months: 8 — Days: — — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER Geo Kommiller

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER M't Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): M't Known

14 Informant: Albert Ernst

(Address): 1951 W Mulberry

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: July 28 28

17 I HEREBY CERTIFY, That I attended deceased from July 26 28, 19 to July 28, 19 28,

that I last saw her alive on July 27, 19 28,

and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Guy O McCurdy, M. D.

July 29 1928 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: July 31 1928

20 UNDERTAKER: W M Coulson — ADDRESS: 2238 Pratt

OF DEATH in plain terms, so that it may be properly classified. Fatal Statement of Occupation is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36094

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

185

E 36094

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N. Lombard ST., R-29 WARD)

2-FULL NAME Mary E. Day.

(a) RESIDENCE NO. 1113 N. Lombard ST, WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 4. 1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 5 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Day.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Rose.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Blanch Heaver

(Address) 1113 N Lombard St

15 Filed ..., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1928

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to July 28, 1928,

that I last saw h[illegible] alive on July, 28, 1928.

and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* was as follows:

Chronic [illegible] Nephritis.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Uremic Poisoning Right Hemiplegia

(duration) — yrs. 2 mos. — ds.

Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Urin Analysis &c

(Signed) Thos Worthington M. D.

1928 (Address) 888 N Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL July 30 1928

20 UNDERTAKER

ADDRESS

J. H. Waldo 1200 N Lombard

TION is very important See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36095

## CERTIFICATE OF DEATH.

129 E 36095

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 437 N Exeter ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gaetana Di Fonter

(a) RESIDENCE NO. 437 N Exeter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred (yrs. 65) mos. ds. How long in U. S., if of foreign birth? yrs. 65 mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, ~~Widowed, or Divorced~~, (write the word) |
|---|---|---|
| F | W | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis De Fonter

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Cutino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mariana Sureno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph De Fonter (Address) 437 N Exeter

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-26, 1928, to 7-30, 1928

that I last saw her alive on 7-29, 1928

and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

General arterio sclerosis with hypertension, chronic Bright's disease, Myocarditis, Valvular disease of heart (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation (duration) yrs. mo. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. D'Amerco, M. D

7-30, 1928 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL July 31 1928

20 UNDERTAKER Frank V. Ryketone — ADDRESS 2518 E. Baltimore

JUL 30 1928 HAMILTON JONES, M. D.

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36096

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

185 E 36096

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3409 Morris Ave St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Mayers

(a) RESIDENCE NO 3409 Morris Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Mayers

6 DATE OF BIRTH (month, day, and year) 1871

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Chicago

(State or country) Ill

PARENTS

10 NAME OF FATHER Harry A Jacob

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Louis Mayer

(Address) 3409 Morris Ave

15 Filed....., 19.... C. CHAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Neck
accident

(duration) .....yrs. .....mos. 17 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(duration) .....yrs. 2 mos. .....ds.

(Signed) James M Fenton M. D.
(Coroner)

7 30 1928 (Address) 709 Cleve St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Date of Burial July 30 1928

20 UNDERTAKER Leon Jack Lewis ADDRESS 1439 E Balto St

tion should be carefully supplied. Any
OF DEATH in plain terms, so that it may be pro
very important. See instructions on back of cert

Cor.—12-9-25—A Co.—200 Bks.

E 36097

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

38 E 36097

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hos. St. 18-26 Ward)

2-FULL NAME Hattie Hall

(a) RESIDENCE NO. 819 Libbles Ct St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred __ yrs. __ mos. __ ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colord | widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| About 47 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) Private Home

(c) Name of employer O/O

9 BIRTHPLACE (city or town)_____

(State or country) Gold City ?

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) unknown

14 Informant_____

(Address)

15 Filed_____ 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy

(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
Cerebral softening
arterio sclerosis probly senile

(duration) Long yrs. __ mos. __ ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) __ yrs. __ mos. __ ds.

(Signed) James M Hanton M. D.

(Coroner)

7/28, 1928 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Gold City yrs. __ mos. 2 ds. In the State __ yrs. __ mos. __ ds.

Where was disease contracted, if not at place of death? 819 Libbles Ct

Former or usual residence 1 " 1 "

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER C. HAMPSON JONES M D ADDRESS Commissioner Health

OF DEATH in plain terms, so that it may be properly classified. Full Statement of Occupation very important. See instructions on back of certificate.

25 4 1928 Aug 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36098

## CERTIFICATE OF DEATH. 159-002

E 36098

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 902 Sherwood St., 9-18 Ward)

2-FULL NAME Patricia Cyrus

(a) RESIDENCE NO. 1902 Sherwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, ~~Widowed~~, or Divorced, (~~write the~~ word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 27/28

7 AGE: Years | Months | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) —

(State or country) Md

PARENTS

10 NAME OF FATHER Walter Lyons

11 BIRTHPLACE OF FATHER (city or town) —

(State or country) Md

12 MAIDEN NAME OF MOTHER Bertha Hall

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) Md

14 Informant .....

(Address)

15 Filed....., 19.....

266 RKH Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia Liv

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (secondary) Drowning

(Duration) yrs. mos. 1 ds.

Signed July 30/28 H C Yates M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease is very important. See instructions on back of certificate.

059

THE MORGUE

THE PERSON JONES OF THE UNIVERSITY OF MARYLAND

Col.—12-9-26—A Co.—200 lbks.

E 36099

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36099

74-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 808 E Pratt St. 3-5 Ward)

2-FULL NAME Michael monahan

(a) RESIDENCE NO. 808 E Pratt St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14

Informant .....

(Address)

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Second attack

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Alcoholism C.

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James M Fenton M. D.

(Coroner)

7/25 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

20 UNDERTAKER 19

ADDRESS

OF DEATH In plain terms, so that it may be properly classified. EACH Statement of OCCUPATION very important. See instructions on back of certificate.

HARRY C. HAMPSON JONES, M.D. UNIVERSITY OF MARYLAND,
MORGUE

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36100

E 36100

## CERTIFICATE OF DEATH.

90

26-37

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 345 City Hospitals St., ____ Ward)

2-FULL NAME Richard Curtis

(a) RESIDENCE NO. unknown St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred __ yrs. __ mos. __ ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: about 45 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer?

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): unknown

PARENTS

10 NAME OF FATHER: unknown Curtis

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

14 Informant .....

(Address)

15 Filed ..... 19 .....

2664 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 2 yrs. __ mos. __ ds.

CONTRIBUTORY (Secondary) Acut Dilatation of Heart

(duration) __ yrs. 2 mos. __ ds.

(Signed) James M Denton M. D.

(Coroner)

1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence unknown

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

UNIVERSITY OF MARYLAND.

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D.

JUL 30 1928

THE MORGUE.

OF DEATH in plain terms, so that it may be properly classified. Use Statement of Cause of very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 36101

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36101

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia ~~Schiefer~~ Schiefer,

(a) RESIDENCE NO. 2127 Jefferson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Widowed |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Charwoman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Gunman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Lamsback

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to July 29, 1928.

that I last saw her alive on July 29, 1928,

and that death occurred, on the date stated above, at 7:05a m.

The CAUSE OF DEATH* was as follows:

Myocardial failure d
undetermined origin

(duration) Unknown hrs. mins.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of unknown

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Henry C. Smith, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Aug 1 1928

20 UNDERTAKER John Ellen & Co

ADDRESS 2008 Eutaw

C. HAMPSON JONES, M. D.

AUG 1928

CAUTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36102 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36102

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Belnord ave. WARD) 7-10

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Tyson

(a) RESIDENCE No. 602 N. Belnord ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara B. Tyson

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 60 | 7 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna. Railroad

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George B. Tyson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Eaton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant George B. Tyson
(Address) 1822 Edmondson ave.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28. 1928

17

I HEREBY CERTIFY, That I attended deceased from March, 1928, to date of death, 19..., that I last saw h[illegible] alive on July 27, 1928, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Death was due to intussitial myocarditis

Indefinite (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hemiplegia

Indefinite (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? General

(Signed) C. Hickory Lee Harris, M. D.

, 19 (Address) 824 N. Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Stablers, Balto. Co. | July 31, 1928 |
| 20 UNDERTAKER | ADDRESS |
| E. Leroy Stiffler | 125 E. North ave. |

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

E 36103

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36103

## CERTIFICATE OF DEATH.

100-001

8-13

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1907 E Biddle ST., (WARD)

2-FULL NAME William R. Scholl

(a) RESIDENCE NO. 1907 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary A Scholl

6 DATE OF BIRTH (month, day, and year) Aug 6/51

7 AGE: 77 — Years: 76 — Months: 11 — Days: 23 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coal Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John L. Scholl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME ~~OF MOTHER~~: Sindlerhorst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant: Mrs S. Norris

(Address): 1907 E Biddle St

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I attended deceased from July 21 — 1928, to July 29 — 1928, that I last saw him alive on " " 1928 and that death occurred, on the date stated above, at 8.56 P. m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(duration) — yrs. — mos 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

7/30/1928 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cannon Hill Cemetery

DATE OF BURIAL: Aug 1st 1928

20 UNDERTAKER: Robt J Sauer Inc

ADDRESS: 1 E Fayette St

HAMPSON JONES, M. D.

TION is very important See instructions on back of certificate

E 36104

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36104

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 800 West North Ave. St. 13-90 Ward) Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie H. Strauss.

(Residence in Baltimore: No. 800 West North Ave. St.; yrs. 3 mos. 15 ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE. | 5-Single, Married, Widowed, or Divorced. (Write the word.) |
|---|---|---|
| Female | White | Married |

6-DATE OF BIRTH. April 14-1863
(Month) (Day) (Year)

7-AGE. 65 yrs. 3 mos. 15 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore. Md.

PARENTS.

10-NAME OF FATHER. Levi Herzog

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Eva Rose.

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. Fay.

(Address) 800 West North Ave.

15-

Filed ..... C. HAMPSON JONES, M. D.
Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. 7 - 29 29
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bulbular Disease of Heart

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John A. Weisser M. D.
(Coroner.)

7/30 1929 (Address) 2632 Rolandpark

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19-PLACE OF BURIAL OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| Hebrew Friendship Cem | July 31 1929 |

20-UNDERTAKER. J. Ahrens Co ADDRESS 2432 Reisterstn Rd,

J. Ahrens 2432 Reisterstn Rd

State CAUSE OF DEATH in plain English. It is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

2160 45 E 36105

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 36105

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Blacksmid

(a) RESIDENCE NO. 6401 Hudson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-24-78

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 8 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipbuilder

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Wm Blacksmid

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Minnie Hayden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27-28

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to July 27, 1928,

that I last saw him alive on July 27, 1928

and that death occurred, on the date stated above, at 3-15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis, Chronic Nephritis, Hypertension, Myocardial failure.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X ray, Blood chemistry also Autopsy.

(Signed) James Bordley (M. D.)

7-28-1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 8/31 1928

20 UNDERTAKER W. E. Cook

ADDRESS 507 E. Madison Ave

important. See instructions on back.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36106

## CERTIFICATE OF DEATH

57

E 36106

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St., 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Schmidt

(a) RESIDENCE NO. 236 E. 25th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Schmidt

6 DATE OF BIRTH (month, day, and year): Feb 1868

7 AGE: Years 60 Months 5 Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Gosman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kessler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant (Address) Hospital Records

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1928

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to July 30, 1928, that I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chronic nephritis

(duration) 3 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Diabetic gangrene

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of? 7/28/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Thos. A. Thompson M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional advice.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

Date of Burial: 8/2 1928

20 UNDERTAKER: H. Cook

ADDRESS: 507 E. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 36107

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36107

## CERTIFICATE OF DEATH.

18-44-26

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1011 W. Fayette St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Airey

(a) Residence No. 1011 W. Fayette St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Frank P. Airey

6-DATE OF BIRTH (month, day and year) November 2, 1873

7-AGE, 54 yrs. 8 mos. 27 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

PARENTS

10-NAME OF FATHER, Peter Toole

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Annie Reale

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Mrs. Virginia Hardesty

(Address) 1011 W. Fayette St

15- Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) July 29, 1928.

17- I HEREBY CERTIFY, That I attended deceased from July 27, 1928, to July 29, 1928.

that I last saw her alive on July 29, 1928,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) — yrs. — mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Quinn, M. D.

July 29, 1928 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park Aug 1, 1928

DATE OF BURIAL

20-UNDERTAKER, Geo W Little

ADDRESS

instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36108

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

111-002

E 36108

REGISTERED NO. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., WARD)

2-FULL NAME Morris S Parks.

(a) RESIDENCE NO. 5222 Bamford Ave. City ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada.

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 42 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Warrant Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Port Tenn

PARENTS

10 NAME OF FATHER George S Parks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Morris S Parks

(Address) 5222 Bamford Ave. City

15 Filed ... 19 ... Registrar

TION is very important. See instructions on back

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-25- 1928 to 7-28 1928,

that I last saw h[illegible] alive on 7-28 1928

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Ruptured Duodenal Ulcer.

Operated July 25-1928 - 2 hours later

Found Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death 7/25/28 Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W F Hayes, M. D.

7/28 1928 (Address) 205 Gittings Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cemetery Va.

DATE OF BURIAL 7/31 1928

20 UNDERTAKER - H C Turnor & Bro

ADDRESS 1127 E Balto st

JUL 31 1928 HARRY JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36109

## CERTIFICATE OF DEATH.

90 E 36109

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 11-24

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walker

(a) RESIDENCE No. 308 Biddle ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Not stated |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 48 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Not given

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Pain

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Kate Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 BALTIMORE CITY HOSPITALS

Informant [redacted]

(Address)

15

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-30, 1928, to 7-26, 1928, that I last saw him alive on 7-26, 1928, and that death occurred, on the date stated above, at 5.00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr. Acute

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Hypertention, Arterio Sclerosis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 7/31 1928

20 UNDERTAKER Daniel Easton

ADDRESS 86 Pa ave

TION is very important See instructions on back of certificate

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36110 E 36110

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS 31

1-PLACE OF DEATH [redacted] 4-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ..... ST., ..... WARD)

2-FULL NAME Charles Hughes

(a) RESIDENCE NO. 106 South ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Wid |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|
| 48 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Nelson Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 BALTIMORE CITY HOSPITALS
Informant [redacted]
(Address)

15 Filed ....., 19 Reg Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28 19 28

17 I HEREBY CERTIFY, That I attended deceased from 7-25, 19 28, to 7-28, 19 28, that I last saw him alive on 7-28, 19 28 and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Pulmonary Tuberculosis.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory

(Signed) [redacted], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmel Cem. DATE OF BURIAL 7/31 19 28

20 UNDERTAKER Daniel Easton ADDRESS 516 Pa ave

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

21605 E 36111

## CERTIFICATE OF DEATH

37-001 E 36111

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 12-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Williams

(a) RESIDENCE NO. 2444 Druid Hill ST., Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Black | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6 DATE OF BIRTH (month, day, and year) 2-15-28

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ~ | 5 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~

(b) General nature of industry, business, or establishment in which employed (or employer) ~

(c) Name of employer ~

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lee Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Braxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louisiana

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29-1928

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to July 29, 1928, that I last saw him alive on July 29, 1928, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, acute, disseminated

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Tuberculin & autopsy.

(Signed) H. L. Taylor M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | July 31 19 28 |
| 20 UNDERTAKER Franklin W. Culp | ADDRESS 1934 W Balto St |

Important. See Instructions on Back of Certificate.

Spec.—7-17-26—A Cor. 200 Bks.

E 36112

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36112

## CERTIFICATE OF DEATH

45

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 22-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Reed

(a) RESIDENCE NO. 714 Light St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (or) WIFE of Samuel Reed

6 DATE OF BIRTH (month, day, and year) July 1 1869

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 59 | — | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER John Wunder

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Mary E Kirk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Walter Reed Coan

(Address) 714 Light St

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/28/28

17 I HEREBY CERTIFY, That I attended deceased from 7/23/28, 19..., to 7/28/28, 19...,

that I last saw h x r alive on 7/28/28, 19...,

and that death occurred, on the date stated above, at 8 40 A.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? yes Date of 7/23/28

Was there an autopsy? —

What test confirmed diagnosis? Operation

(Signed) J. S. Whitehead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — Date of Burial July 31 1928

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36113

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 36113

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Hollins Ferry Road ST. Lafayette WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Cuddon

(a) RESIDENCE No. 2906 Hollins Ferry Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas W. Cuddon

6 DATE OF BIRTH (month, day, and year) Oct 26—1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 65 | 9 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Illinois

PARENTS

10 NAME OF FATHER Jas. Sweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Sarah Ritchey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Chas W. Cuddon

(Address) 2906 Hollins Ferry Road

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to July 28, 1928, that I last saw h[illegible] alive on July 28, 1928, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadner, M. D.

7-31, 1928 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL July 31 1928

20 UNDERTAKER W J Wickner & Sons

ADDRESS Park Ave

TION is very important See instructions on back of [illegible]

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36114

## CERTIFICATE OF DEATH.

E 36114

23 L 31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 W. Ostend ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Atwell Rouzee

(a) RESIDENCE NO. 106 W. Ostend ST., WARD Ohio

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary E. Rouzee

6 DATE OF BIRTH (month, day, and year) Sep't 16 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 61 | 10 | 12/13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Brooklyn Cooperage Co.

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Isaac F. Rouzee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Laura Cannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mary E. Rouzee (Address) 106 W. Ostend St.

15 Filed ..... 19 ..... Registrar

TION is very important. See instructions on back of

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 29th, 1928, to July 29th, 1928, that I last saw him alive on July 29th, 1928, and that death occurred, on the date stated above, at 7 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 4 hrs

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Tony Theibel, M.D.

7/29, 1928 (Address) 1224 26 Harrow St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charles Town W. Va via B&O.

DATE OF BURIAL Aug 1 1928

20 UNDERTAKER John P. Denny

ADDRESS 715 Light St

C. H. JONES, M. D.

JUL 31 1928

Spec.—1-10-21—M&T—1500 Bks.

E 36115

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001 E 36115

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp ST., (WARD) 9-18

2-FULL NAME George D. Webb Jr.

(a) RESIDENCE NO. 1103 E. North ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 3 1920

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 7 Yrs. | 7 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schall

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER George D. Webb Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Eleanor Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant George D. Webb Sr. (Address) 1103 E. North Ave.

15 Filed ..... 19 .. Hall Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1928

17

I HEREBY CERTIFY, That I attended deceased from July 20 1928 to July 28 1928

that I last saw him alive on July 28 1928

and that death occurred, on the date stated above, at 3:15 a m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Hendrix, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL July 31 1928

20 UNDERTAKER George L. Ruth ADDRESS 735 Hanford Ave

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 36116

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36116

## CERTIFICATE OF DEATH.

7H-001

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Calhoun & Fayette ST., 18-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Conquest

(a) RESIDENCE No. 923 W. Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Conquest

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 43 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: James Conquest

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emily Ewell

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Lucy Conquest

(Address) 923 W. Franklin St

15 Filed ..., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1928

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to July 28, 1928, that I last saw him alive on July 28, 1928, and that death occurred, on the date stated above, at 7:00 P.m.

The CAUSE OF DEATH* was as follows:

Hypertension with Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elizabeth B Sherman, M. D.

7/28, 1928 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mannock Va — DATE OF BURIAL: July 31 1928

20 UNDERTAKER: John H Owens — ADDRESS: 538 Dallas St

CAUSE OF DEATH must be stated. See instructions on back of certificates. ATION is very important.

JUL 31 1928 H. HAMILTON JONES, M.D.

Spec.-7-17-26—A Co.—200 Blks.

Gronau ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36117

## CERTIFICATE OF DEATH

90 E 36117

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 4900 Auburn Ave St., 28 Ward) 63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna E Gronau.

(a) RESIDENCE NO. 4900 Auburn Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 30 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Ed. F. Gronau

6 DATE OF BIRTH (month, day, and year) March 24 1872.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 56 | 4 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. B. Bishamp

11 BIRTHPLACE OF FATHER (City or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant M. Ed. F. Gronau

(Address) 4900 Auburn Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1927, to July 29, 1928

that I last saw h.. alive on July 29, 1928

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Angina Pectoris

(Signed) A. C. Gunnels M. D.

July 29. 1928 (Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| New Cathedral Cem. | Aug 1 1928 |
| 20 UNDERTAKER | ADDRESS |
| J. F. Gowan Son | 90 Hoffman |

OF DEATH in plain terms, so that it may be properly classified. Exact answers are very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

2 1 2 57 E 36118 — CERTIFICATE OF DEATH — X 33 E 36118

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isadora Townsend

(a) RESIDENCE NO. 1009 New Hampshire Ave ST. Wash. D. C. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Gustave Boulonge

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Lucretia Loomis

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Private (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1928

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1928, to July 30, 1928, that I last saw her alive on July 30, 1928 and that death occurred, on the date stated above, at 1 20 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Abscesses following operation. Anal fistula.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Washington D.C.

Did an operation precede death? Yes Date of June 7, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robt. L. Faulkner, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park. | July 31 1928 |
| 20 UNDERTAKER J. S. McMechen | ADDRESS 1900 Eutaw |

Important. See instructions on reverse side. [illegible] 1928 C [illegible] M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36119

## CERTIFICATE OF DEATH.

145-003 E 36119

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 12-51 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Alston

(a) RESIDENCE NO. 2823 Remington Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Alston

6 DATE OF BIRTH (month, day, and year) June 1896.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 32 | 1 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Thomas Bradley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Hattie Wilkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mr. William Alston

(Address) 2823 Remington Ave.

15 Filed..... 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Uterus.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Hemorrhage.

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feller, M. D.

(Coroner)

7/30 19 28 Address 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial July 30 19 28

20 UNDERTAKER Saml. T. Bemiller ADDRESS 578 N. Bradle

OF DEATH in plain terms, so that it may be properly classified. Use no abbreviations or ditto marks. Be very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 36120

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36120

## CERTIFICATE OF DEATH.

132

REGISTERED NO. 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 Madison Ave ST. WARD)

2-FULL NAME William A. Price

(a) RESIDENCE NO. 945 Madison Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband of Ella Price

6 DATE OF BIRTH (month, day, and year) 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 58 | 58 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Waiting 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER William Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ella Price
(Address) 945 Madison Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-29- 1928

17

I HEREBY CERTIFY, That I attended deceased from May 2nd, 1928, to July 29th, 1928, that I last saw him alive on July 28th, 1928 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis Calculi & Cystitis

(duration) yrs. 10 mos — ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jas C Carper, M. D.

, 19 (Address) 1063 Wyoming Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Eastern Star | July 31 1928 |
| 20 UNDERTAKER Saml T. Hemsley | ADDRESS 578 N Eddle |

mation should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

C. HAMPTON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 36121

# HEALTH DEPARTMENT—CITY OF BALTIMORE

38

E 36121

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. J. H. Hoff St. 3-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ezy Williams

(a) RESIDENCE NO. 249 S. Bway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | | | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto md

PARENTS

10 NAME OF FATHER Allen Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Georgia

12 MAIDEN NAME OF MOTHER Ida Hammond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto md

14 Informant Allen Williams

(Address) 2498 Bway St Balto

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coregew. Syphilis

Hemorrhage of Brain (duration) yrs. mos. ds.

(Secondary)

(duration) yrs. mos. ds.

(Secondary)

July 31 1928 G C Radcliffe M. D.

(Coroner)

(Address) 43 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial July 31. 1928

20 UNDERTAKER Lottie Gross ADDRESS 1405 Mcelderry

OF DEATH is plain throughout, as any erasure or alteration may render the certificate void. Every question must be answered, as the omission of any item may cause delay in burial. Use black ink. Write very plainly. Do not use pencil. Every item is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36122 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36122

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 7-13 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Dungee

(a) RESIDENCE NO. 1613 Millin (Millenium) ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Separated |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 50 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Elias Dungee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant [redacted] BALTIMORE CITY HOSPITALS
(Address)

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-26 ..... 19 26, to 7-26 ..... 19 28,
that I last saw him alive on 7-26 ..... 19 28
and that death occurred, on the date stated above, at 5:50 P m.

The CAUSE OF DEATH* was as follows:
Broncho - Pneumonia

(duration) ... yrs. 1 mos ... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension
Emphysema (duration) unknown mos. ... ds.

18 Where was disease contracted if not at place of death? at place of death
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Lab. Exam

(Signed) [redacted] M. D.
, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL Aug 1 1928

20 UNDERTAKER Edward Bonjan — ADDRESS 631 orleans st

TION is very important See instructions on back of certificate

Spec.—1-12-23—M&T—500 Bks.

E 36123

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36123

## CERTIFICATE OF DEATH

117

1-PLACE OF DEATH Hospital for Women of Md. REGISTERED NO. 13-59

CITY OF BALTIMORE: (No.) 1 ST., (or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olivia Lula Wicks

(a) RESIDENCE NO. 2304 Avalon Avenue WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 10, 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 7 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School teacher

(b) General nature of industry, business, or establishment in which employed (or employer) School 61 Andrew J. Davis

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Gardner A. Wicks

11 BIRTHPLACE OF FATHER (city or town) Lancaster Co.
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Sarah Robinson

13 BIRTHPLACE OF MOTHER (city or town) Cecil Co.
(State or country) Md.

14 Informant John N. Wicks.
(Address) 2304 Avalon Avenue

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 19

17

I HEREBY CERTIFY, That I attended deceased from January 12, 1921, to July 30, 1928, that I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic (Cor)

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Post operative shock

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 25

Was there an autopsy? Yes.

What test confirmed diagnosis? Gangrenous appendix stump and Salpingitis

(Signed) Victor Richards, M. D.

7/30 19 (Address) 922 N Charles.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Aug. 1 19

UNDERTAKER Joseph B Cook ADDRESS 203 E. Lanvale St

JUL 31 1928

TION is very important See instructions on back of certificate

Spec.—1-12-23—M&T—500 Bks.

E 36124 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36124

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 E Biddle ST., 8-12 WARD)

2-FULL NAME Elizabeth McDonnell

(a) RESIDENCE NO. 2620 E. Biddle ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Martin J. McDonnell

6 DATE OF BIRTH (month, day, and year) 10/12/89

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 38 | 9 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cath McLaughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs J McDonnell

(Address) 2620 E Biddle St

15 Filed ..... 19 ..... C. HARRISON JONES ..... Registrar

JUL 31 1928

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30 1928

17 I HEREBY CERTIFY, That I attended deceased from June 10th, 1928, to July 30, 1928, that I last saw h[illegible] alive on July 29th, 1928, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* was as follows: Complication of Disease

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart & Kidneys

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Deems M. D.

19 (Address) 1240 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cem. Cathedral

DATE OF BURIAL 8/1 1928

20 UNDERTAKER J. Bailey Evans

ADDRESS 13 Light

TION is very important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Bks.

E 36125

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36125

## CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE. No. South Bacto. Gen. Hospital ST. 15-61 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Bunkert

(a) RESIDENCE NO. 213 Allenmison ST. St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Do not Know

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 53 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Leonard Bunkert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Ebert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Hospital Records (Address)

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30-1928

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to July 30, 1928, that I last saw him alive on July 30, 1928, and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Felton Waesche M. D.

19 (Address) Bacto. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem.

DATE OF BURIAL 8/1/28

20 UNDERTAKER J. F. Foley & Sons

ADDRESS 1348 Light

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

JUL 31 1928 BURRELL JONES, M. D.

Spec.—1-12-28—M&T—500 Bks.

E 36126

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

46 E 36126

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 11-24 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Freedlich

(a) RESIDENCE NO. 1208 Winters ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Fredrick

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Theo. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Penn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant .....
(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... , 19 ..... DEC 31 1928 C. HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/28 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/6 , 1928, to 7/28 , 1928, that I last saw h alive on 7/28 , 1928, and that death occurred, on the date stated above, at 1:50 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Symptoms

(Signed) John Wm. [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary — DATE OF BURIAL July 31 1928

20 UNDERTAKER Wm. H. A. Elliott — ADDRESS 1705 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Blks.

215-664
E 36127

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

44

E 36127

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 25-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Cook

(a) RESIDENCE NO. 1462 Packer St- ST. Ist WARD Woman

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Cook

6 DATE OF BIRTH (month, day, and year) December 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Essex Co. Va. (State or country)

PARENTS

10 NAME OF FATHER John Cook

11 BIRTHPLACE OF FATHER (city or town) Va - (State or country)

12 MAIDEN NAME OF MOTHER Nancy Adams

13 BIRTHPLACE OF MOTHER (city or town) Va - (State or country)

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27. 28

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to July 27, 1928.

that I last saw him alive on July 27, 1928

and that death occurred, on the date stated above, at 5-0 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 7th 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Path. Surg. & Operation.

(Signed) George G. Finney, M. D.

July 28, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn Cem | Aug 1, 1928 |
| 20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 1725 Eastland Ave |

Spec.—1-12-23—M&T—500 Bks.

E 36128

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36128

## CERTIFICATE OF DEATH.

44

REGISTERED NO. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4703 Charles ST., (Ward) 27

2-FULL NAME Jennie D. Ballieder

(a) RESIDENCE NO. 4703 Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 5 /54

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 4 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Conrad Ballieder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henriette

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mamie Bohne

(Address) 4703 Charles Ave.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to July 31, 1928, that I last saw h[illegible] alive on July 31 1928 and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Toxaemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cancer of Stomach.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl Brunk, M. D.

7/31 1928 (Address) 4 W Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore. DATE OF BURIAL 8/2 1928

20 UNDERTAKER Philip Henry ADDRESS 2016 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

21687 29

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36129

REGISTERED NO. 9

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Holley

(a) RESIDENCE NO. 2225 Ursula ST., Hill WARD Age —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. -28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Geo. Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Ochsenhirt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Informant Relative —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30-28

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to July 30, 1928, that I last saw h living on July 30, 1928 and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Not known

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. C. Goodwin, M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | 7-31 1928 |

20 UNDERTAKER Geo. F. A. Gibson ADDRESS 1735 Druid Hill Ave

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36130

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001

E 36130

1-PLACE OF DEATH Bacc Co City Hospitals

CITY OF BALTIMORE: (No.) Bacc Md ST., 7-13 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Flom

(a) RESIDENCE NO. 914 N. Broadway ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jussie Flom

6 DATE OF BIRTH (month, day, and year) 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 45 | | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bacc City Hospts.
(Address) Baltimore Md

15 Filed ..., 19 ... Registrar

1928 C. PEARSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-4-, 1928, to 7-31-, 1928

that I last saw h. alive on 7-31-, 1928

and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

Terminal Bronchopneumonia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Agitated Depression

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

7/31/1928 (Address) Bacc City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Rosedale — DATE OF BURIAL July 31 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Baltimore

CAUSE OF DEATH. See instructions on back of certificates. IMPORTANT is very important.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36131

## CERTIFICATE OF DEATH

X 189

E 36131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 11-24 WARD)

2—FULL NAME William Black

(a) RESIDENCE NO. Union Bridge Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Col | Single |

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23 1909

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 18 | 10 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Union Bridge Md.

PARENTS

10 NAME OF FATHER Walter Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Lee Myers

(Address) Union Bridge

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31-28

17

I HEREBY CERTIFY, That I attended deceased from 7-28-, 1928, to 7-31, 1928, that I last saw him alive on 7-31-, 1928 and that death occurred, on the date stated above, at 11:30a m.

The CAUSE OF DEATH was as follows:*

Rupture of Intestine

Gonical Peritonitis

Acute Dilatation of Heart (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cancer (duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Union Bridge Md.

Did an operation precede death? Yes Date of 7/28/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. C. Gadelman M. D.

(Address) 606 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Keys Mill Frederick Co. | Aug 3 1928 |
| 20 UNDERTAKER F. M. Snyder | ADDRESS Mt. Airy Md |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36132

## CERTIFICATE OF DEATH.

91-002

E 36132

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1248 N Say St., 8 Ward 13

2-FULL NAME Fredrick Infang

(a) RESIDENCE NO. 1248 N Say St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 1854

7 AGE — Years: 74 — Months: 1 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Frederick Infang

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Martin Ludwig

(Address) 2206 Linden Ave

15 Filed _____ 19____ _____ Registrar

C. HAMILTON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.

thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Aug 21 1928 Fred C Taber M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Aug 1, 1928

20 UNDERTAKER John Ulrich ADDRESS 2008 Orleans St

OF DEATH in plain terms, stating disease, if any, directly causing death, and the primary cause, if any, giving rise to it. Omissions very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36133

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36133

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-1 ST., WARD)

2-FULL NAME John H. Bosley

(a) RESIDENCE No. 1207 So Kenwood St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs John Bosley

6 DATE OF BIRTH (month, day and year) Jan. 17 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 47 | 7 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Not given

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Pauline Buck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant BALTIMORE CITY HOSPITALS (Address) [redacted]

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-~~27~~-28, 19~~27~~28, to 7-30, 1928, that I last saw him alive on 7-30, 1928, and that death occurred, on the date stated above, at 1.00 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr + acute

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation

Arteriosclerosis (duration) Unknown mos ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Lab exam

(Signed) [signature] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL May 1 1928

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1910 Fleet St.

HARRISON JONES, M. D.

...TION IS VERY IMPORTANT. See that it is complete and correct.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Cortese)

E 36134

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36134

## CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 E. Pratt St., 1-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Cortese

(a) Residence No. 609 E. Pratt Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Leon Cortese

6-DATE OF BIRTH (month, day and year) April 1886

7-AGE, 42 yrs. 3 mos. 15 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS

10-NAME OF FATHER, Louis Horr

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Darch

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md.

14- (Informant) Leo Cortese (Husband)

(Address) 609 E. Pratt St.

15-

Filed 192 Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). July 29 1928

17- I HEREBY CERTIFY, That I attended deceased from July 10, 1927, to July 29, 1928

that I last saw h[illegible] alive on July 29, 1928

and that death occurred, on the date stated above, at 9 [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Arteriosclerosis due to Carcinoma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus Resected

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Rennsowski M. D.

7/30, 1928 (Address) 2579 Eastern Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Carmel Cem. | Aug. 2, 1928 |
| **20-UNDERTAKER** | **ADDRESS** |
| Henry Sander & Sons Inc. | 1710 Fleet St. |

instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36135

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113 E 36135

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 N. Pulaski ST., 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank F Finigan

(a) RESIDENCE NO. 2011 N. Pulaski ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29-1927

7 AGE — Years: — Months: 9 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Frank F Finigan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lillian Sherman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Frank F Finigan

(Address) 2011 N. Pulaski

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30-1928

17 I HEREBY CERTIFY, That I attended deceased from 7/28, 19..., to 7/30, 19 28.

that I last saw him alive on ....., 19.....

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Intoxication Acute Intestinal

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Finigan Jackson M. D.

7/31 1928 (Address) Medical Arts Bldg,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Aug 1 1928

20 UNDERTAKER: W M Cook — ADDRESS: 502 E North

Spec.—2-29-28—L. F. S.—500 Bks.

E 36136

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1714 N Caroline

E 36136

1—PLACE OF DEATH Baltimore, Md. 90

CITY OF BALTIMORE: (No. 1152 E. North Ave ST., 9- 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriett L. Foster

(a) RESIDENCE NO. 1152 E. North Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David T. Foster

6 DATE OF BIRTH (month, day, and year) Mar. 17, 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 73 | 4 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Shanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sister Katherine Delaney

(Address) 1152 E. North Ave.

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30/28

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 19 27, to July 30, 19 28

that I last saw h alive on July 30, 19 28

and that death occurred, on the date stated above, at 10. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Valvular disease of Heart

(duration) 2 yrs. 9 mos. 23 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Anderson, M. D.

19 (Address) 1714 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Aug. 1st 1928

20 UNDERTAKER William Cook

ADDRESS 502 E. North Ave

Important: Use Typewriter

Spec.—1-12-23—M&T—500 Blks.

E 36137

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36137

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 90

CITY OF BALTIMORE: (No. ... ST., 11-24 WARD)

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Anderson

(a) RESIDENCE NO. 1102 Brevard ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Wid. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | about 65 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 BALTIMORE CITY HOSPITALS
Informant [redacted]
(Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-18, 1928, to 7-30, 1928, that I last saw her alive on 7-30, 1928, and that death occurred, on the date stated above, at 11 00 A. m.

The CAUSE OF DEATH* was as follows:
Myocarditis, Chr & acute

Left (duration) 8 yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage with right Hemiplegia (duration) 8 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) ..., M. D.
, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL 8/1 1928

20 UNDERTAKER J. W. Cook — ADDRESS 507 E. North Ave.

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36138 E 36138

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Madison Avenue ST. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. W. Collins

(a) RESIDENCE No. 2407 Madison Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Collins

6 DATE OF BIRTH (month, day, and year) ? 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or.....min. |
|---|---|---|---|---|
| | 44 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fla.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14

Informant Naomi Collins

(Address) 2407 Madison Avenue

15

Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to July 29, 1928, that I last saw h alive on July 29, 1928 and that death occurred, on the date stated above, at 3.30 P. m

The CAUSE OF DEATH* was as follows:

Tuberculosis (Lung)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H. Hirsch, M. D.

July 30 1928 (Address) 748 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 8/1 1928

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill

TION is very important. See instructions on back of Certificate.

1928 C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36139 ✓ E 36139

## CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 244 N. Amity St., 18-26 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Jones (Hargaret White)

(a) RESIDENCE NO. 244 N. Amity St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Negro | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Jones

6 DATE OF BIRTH (month, day, and year) 1877

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 51 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER William Peck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mattie Lee

(Address) New York - N.Y.

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquiry find that said deceased came to her death (Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

1st Prostate Angina Pectoris

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Jelks M. D.

(Coroner)

7/31 1928 Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — Date of Burial 8/2/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36140

## CERTIFICATE OF DEATH

80

E 36140

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Huntingdon Ave) (WARD) 52-51

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry S. Hopkins

(a) RESIDENCE NO. 2227 Huntingd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER James D. Hopkins

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Lillie M. Puddicombe

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant James D. Hopkins
(Address) 2227 Huntingdon Ave

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to July 31, 1928 that I last saw h[illegible] alive on July 31, 1928 and that death occurred, on the date stated above, at 12 15 a m.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Mild diarrhea over

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Convulsions

(Signed) W H Pearce, M. D.

Aug. 1, 1928 (Address) 2105 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden

DATE OF BURIAL Aug 2, 1928

20 UNDERTAKER Chenoweth Son

ADDRESS 345 Bluemount ave

Important. See instructions on reverse side.

[illegible] HAMPSON JONES, M. D. [illegible] 1928

Spec. 6-9-19—H. P. Co.—1000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36141 ✓ E 36141

## CERTIFICATE OF DEATH.

14-001

REGISTERED NO. 17-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1300 Division ST. WARD

2-FULL NAME Emmely Spriggs

(a) RESIDENCE. No. 1300 Division ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 4/5 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: Colored — 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 10-1858

7 AGE — Years: 70 — Months: 3 — Days: 20 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Bartley Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Margaret Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Helen Smith (Address) 2006 McCulloh St.

15 Filed — 19 — Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31 1928

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to July 31, 1928, that I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows: Paralysis Cerebral Hemiplegia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Dohemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Attendant's symptoms

(Signed) [illegible] M. D.

(Address) 712 S. Stark Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Aug 1 1928

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

RAYMOND JONES, M. D.

Spec.—1-10-21—M&T—1500 Blks.

E 36142

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36142

49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 625 N Bethel ST. 7-9 WARD)

2-FULL NAME Henrietta Holt

(a) RESIDENCE NO. 625 N Bethel ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: John Holt

6 DATE OF BIRTH (month, day, and year): Aug 15 1864

7 AGE: Years 63 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md.

PARENTS

10 NAME OF FATHER: Wm Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Blanche Holt (daughter) 625 N Bethel St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 1928

17 I HEREBY CERTIFY, That I attended deceased from June. 1928, to July 30 1928, that I last saw h[illegible] alive on July 29 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Gosling, M. D.

7/30 1928 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: Aug 3 1928

20 UNDERTAKER: Mrs. P. J. Elliott — ADDRESS: 1745 Pinkland

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

AUG 2 1928 C. HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36143 — 44 E 36143

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 20-69 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank A Thomas

(a) RESIDENCE NO. 1317 S. Calhoun ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Jan 7 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 54 | 6 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER Jacob Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhemina Eisman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant ..... BALTIMORE CITY HOSPITALS
(Address)

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/7 , 1928, to 7/30 , 1928, that I last saw h— alive on 7/30 , 1928 and that death occurred, on the date stated above, at 8.40 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus, Perforated Stomach Ulcer, Intestinal Obstruction, Nephritis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronch. Pneum

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of 7/24/28

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical Findings

(Signed) P. M. Slack, M. D.

..... , 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | Aug 2 1928 |
| **20 UNDERTAKER** | **ADDRESS** |
| Frank A. Tinto | 915 N Gay St |

THIS is very important. See instructions on reverse side.

1928 C. BAYSON JONES, M.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 36144

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36144

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2911 Riggs Ave ST. 16-67 WARD

2-FULL NAME Annie Rebecca Scrivener

(a) RESIDENCE. No 2911 Riggs Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. Leigh Y. Scrivener

6 DATE OF BIRTH (month, day, and year): June 23-1874

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 1 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: John Henry Liddell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Mary L. Beckmeister

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Md

14 Informant: Mr Delaney Scrivener
(Address) 1820 Edmondson Ave

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 1928

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to July 30, 1928, that I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 1:35 P. m.

THE CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis about (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray - Phys. Exam

(Signed) James I. Baggott M. D.

8/1 1928 (Address) 1015 Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lorraine Cemetery | Aug 2 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm J Dickey & Son | Balto |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact place of occurrence is very important. See instructions on back of certificates.

AUG 1 1928 C. HAMILTON JONES M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36145

## CERTIFICATE OF DEATH.

202 E 36145

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2nd. Hospital St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Brodsky

(a) RESIDENCE NO. 2648-Fairmount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 30 1922

7 AGE: Years 6 Months 2 Days 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Louis Brodsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bertha Rotherstein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Louis

(Address) 1439 E Balto St.

15 Filed....., 19.... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acc Head.

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

Witnessed by M. D.

(Coroner)

July 31 19 26 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.):

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Date of Burial 8-2-1926

20 UNDERTAKER: Jos Lewis ADDRESS 1439 E Balto

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 36146

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36146

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 E Madison ST. 10-13 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah M. Hodd.

(a) RESIDENCE NO. 1410 E Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Thomas Hodd

6 DATE OF BIRTH (month, day, and year): 1874 unknown

7 AGE: Years: approx 54; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo R. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Cornelia Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Thomas Hodd (Husband) 1410 E Madison st

15 Filed . 19 . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1928

17 I HEREBY CERTIFY, That I attended deceased from May . 1928 . to July 28 . 1928 . that I last saw h alive on July 27 . 1928 . and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Starvation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R T Gosling M. D.

7/30 1928 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. DATE OF BURIAL: Aug 1 1928

20 UNDERTAKER: Samuel Stansbury & Bro ADDRESS 1728

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

8 1928 C H JONES, M. D.

Cor.—1-12-28—M&T—100 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36147 E 36147

## CERTIFICATE OF DEATH.

88-103

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST. 27-63 WARD

2-FULL NAME John Henry Rigger

(a) RESIDENCE NO. 3717 Ashburton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? 75 yrs. 7 mos. 19 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Corinne E. Rigger

6 DATE OF BIRTH (month, day, and year) December-10-1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 7 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER Lawrence Rigger

11 BIRTHPLACE OF FATHER (city or town) ?? (State or country) Germany

12 MAIDEN NAME OF MOTHER Martha Dinsborne

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mr. William L. Rigger (son)

(Address) 920 University Parkway

15 Filed ....., 192 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Fractured Skull

Auto accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. L. Morrison, M. D. (Coroner.)

7/31, 192 8 (Address) 1832 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.) At place of death 1½ hrs. In the State 75 yrs., 7 mos., 19 ds.

Where was disease contracted, if not at place of death? North & Maryland Avenues

Former or usual residence 3717 Ashburton Ave.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Aug/1/28

20 UNDERTAKER STEWART & MOWER COMPANY — ADDRESS 108 N North Ave

CAUSE OF DEATH must be plain. Abbreviations not TION is very important. See instructions on back of certificate.

Spec. 6-9-19 H. P. Co. 1000 Blks.

E 36148

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

46

REGISTERED NO. E 36148

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2104 N. Calvert St. ST.: 12 WARD.

2-FULL NAME Eliza Ellen Graham

(a) RESIDENCE. No. 2104 N. Calvert ST. 12 WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. ? mos. ' ds. How long in U. S., if of foreign birth? 62 yrs. ? mos. ds.
(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Graham

6 DATE OF BIRTH (month, day, and year): about 1866

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Christian Scientist Practitioner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lewistown, Pa

PARENTS

10 NAME OF FATHER: William Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Mary J. Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila. Pa

14 Informant: Mrs. Nelly McClure
(Address) 2104 N. Calvert St.

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31 1928

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to July 31, 1928, that I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 5:15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri (probably fibro-adenoma)
(duration) 1 yrs. 6 mos. ds

CONTRIBUTORY (Secondary) Toxaemia
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? examination

(Signed) Gustus Taggott M. D.

. 19 (Address) 1615 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lewistown Pa. | Aug. 2/28. |
| 20 UNDERTAKER | ADDRESS |
| Stewart Town Co | 108 W Main St |

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36149

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

47 E 36149

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 E. 28. st ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Buschmann

(a) RESIDENCE NO. 1614 E. 28. st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single, Married,~~ ~~or Divorced~~, Widowed, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 24 1863

7 AGE: Years 65 | Months | Days 5 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hausmit

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Fredrick Fuetter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Sophie Fredrick.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Lillie L. Buschman. (Address) 1614 E. 28 st.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 19 26, to July 29, 19 28, that I last saw h alive on July 29, 19 28 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

3

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Metastasis

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 6/1/27

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John Patrick M. D.

7/31 19 28 (Address) 936 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: July 2 1928

20 UNDERTAKER: George F Ruth

ADDRESS: 1735 Harford Av

TION is very important See instructions on back of certificates.

AUG 1 1928 C. HAMPSON JONES, M.D.

Spec.–7-17-26—A Co.—200 Bks.

E 36150

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

148 E 36150

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen'l Hosp. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Cole

(a) RESIDENCE NO. 2003 Cliftwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vernon C. Cole

6 DATE OF BIRTH (month, day, and year): 2/6/1891

7 AGE: Years 37 Months 5 Days 25

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country): Md.

PARENTS

10 NAME OF FATHER: George B. Gordon

11 BIRTHPLACE OF FATHER (City or town): (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Virginia Parker

13 BIRTHPLACE OF MOTHER (city or town): (State or country): Virginia

14 Informant: Hospital Record (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/31/28 19

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to July 31, 1928, that I last saw her alive on July 31, 1928, and that death occurred, on the date stated above, at 12:40 A. m.

The CAUSE OF DEATH* was as follows:

Eclampsia. (Toxic)

(duration) 0 yrs. 6 mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 7/30/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Aug 3 1928

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Hanford Ave

OF DEATH in plain terms, so that it may be properly classified. Trace illegible letters of certificates. very important. See instructions on back of cer

Cor.—12-9-25—A Co.—200 Bks.

E 36151

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 10-15 Ward)

REGISTERED NO. 8/-001 E 36151

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Riddleberger

(a) RESIDENCE NO. 403 E. Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 26 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) W. Va.

(State or country)

PARENTS

10 NAME OF FATHER J. L. Riddleberger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Lottie A. Sheets

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va.

14 Informant Mrs. Riddleberger

(Address) 403 E. Biddle St.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 - 6 PM 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull - accidental fall off ladder down elevator shaft. while repairing door

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture

(duration) yrs. mos. ds.

July 31 (Signed) W. Reilly M. D.

(Coroner)

, 192 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date Of Burial

Martinsburg W. Va. 8/2/28

20 UNDERTAKER ADDRESS

George D. Roth & Sons 1735 Harford

OF DEATH in plain words, do not use abbreviations. The prompt and accurate filing of this certificate is very important. See instructions on back of certificate.

AUG 1 1928 H. Holton Jones M.D.

Spec.—1-12-23—M&T—500 Blks.

E 36152

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001

E 36152

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 S Charles ST. 22-6 WARD)

2-FULL NAME Anna M. Petersen

(a) RESIDENCE NO. 601 S Charles ST, ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| White | Female | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Petersen

6 DATE OF BIRTH (month, day, and year) June 23, 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 70 | 1 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Mr. John Petersen
(Address) 601 S Charles St

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30 1928

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to July 30, 1928, that I last saw h alive on 7/30 — 1928 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) / yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) A. Kaufman, M.D.

, 19 (Address) 1924 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem — DATE OF BURIAL Aug 1 1928

20 UNDERTAKER J. U. Hanson — ADDRESS 703 Hanover St

TION is very important. See instructions on reverse side.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36153

## CERTIFICATE OF DEATH.

44

E 36153

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Jefferson ST., 5-9 WARD)

2-FULL NAME Mariah Cooper

(a) RESIDENCE NO. 1408 Jefferson ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | Appox 58 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Annie Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Jennette White (Address) 513 N Eden St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 10 1928 to July 29 1928

that I last saw her alive on July 29 1928

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver with metastasis Uterus and Intestines

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) R J Young M. D.

7/30 1928 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Evergreen Cemetery — DATE OF BURIAL: 8-2-1928

20 UNDERTAKER: Mrs Chas D. Bailey — ADDRESS: 1421 E Jefferson St

CAUSE OF ... TION is very important. See instructions on back of certificates.

... 1928 ... HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 36154

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113

E 36154

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1929 Hurford ST., 15-21 WARD)

2-FULL NAME Doris L. Godman

(a) RESIDENCE NO. 1929 Herbert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 8 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Wm E. Godman

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Viola Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Viola Godman
(Address) 1929 Herbert

15 Filed 8/1/28 .19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1928

17

I HEREBY CERTIFY, That I attended deceased from July 28 .1928. to July 31 .1928.
that I last saw h alive on July 31 .1928.
and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis
2 Cholera Infantum due to
Dentition & mech infection

(duration) yrs. mos 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles E. Clark, M. D.

18 (Address) 3214 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel — DATE OF BURIAL Aug 2 1928

20 UNDERTAKER John J Fields — ADDRESS 1200 W Lombard

INSTRUCTION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36155

## CERTIFICATE OF DEATH.

90 E 36155

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 134 W.Ostend ST., 23-31 WARD)

2-FULL NAME Carrie G.Royer

(a) RESIDENCE NO. 134 W.Ostend ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frank E.Royer

6 DATE OF BIRTH (month, day, and year) March 2 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 4 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Allen J.Emptage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Anna M.Rubins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Frank E.Royer (Address) 134W.Ostend St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1928

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to July 30, 1928, that I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. 1/2 hrs.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) J. F. Clayborne, M. D.

7/31/1928 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL Aug 3 1928

20 UNDERTAKER John F Denny ADDRESS 1152 [illegible]

SEE IMPORTANT INFORMATION. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 36156

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36156

## CERTIFICATE OF DEATH

11-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 706 N. Broadway St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Royster

(a) RESIDENCE NO. 706 N. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Lula Royster

6 DATE OF BIRTH (month, day, and year): May 13 - 1883

7 AGE: Years 45 Months 2 Days 18 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cement Finisher

(b) General nature of industry, business, or establishment in which employed (or employer): Cement Works

(c) Name of employer: Not Known

9 BIRTHPLACE (city or town): Granville Co; (State or country) N.C.

PARENTS

10 NAME OF FATHER: Robert Royster

11 BIRTHPLACE OF FATHER (City or town): (State or country) N.C.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Not Known

14 Informant: Mrs Lula Royster (Address) 706 N. Broadway

15 Filed ..... 19 ..... Registrar RRH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30th 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 25 19 28 to July 30th 19 28.

that I last saw h[illegible] alive on July 30th 19 28

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Diarrhoea 5 Days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Jos C Hall M. D.

19 (Address) 118 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — Date of Burial: Aug 2, 1928

20 UNDERTAKER: Joseph A Lively — ADDRESS: 409 N Monroe St

OF DEATH in plain terms, so that it may be properly classified. Name [illegible] very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36157

## CERTIFICATE OF DEATH.

159-002 E 36157

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1808 Mullin St. 15-21 Ward)

2-FULL NAME Unnamed Baby Jackson

(a) RESIDENCE NO. 1808 Mullin St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 29 1928

7 AGE: Years ____ Months ____ Days one. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Wm Jackson

11 BIRTHPLACE OF FATHER (city or town) Georgia. (State or country)

12 MAIDEN NAME OF MOTHER Ollie Wilcox

13 BIRTHPLACE OF MOTHER (city or town) Georgia. (State or country)

14 Informant Ollie Jackson (Address) 1808 Mullin

15 Filed ____ 19__ 3668 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Blue baby.

(duration) ____ yrs. ____ mos 10 hours

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) T. C. Link M. D.

July 30-1928 (Coroner)

(Address) North Ave & Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial AUG 1 - 1928 19__

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

Cor. of DEATH in plain language, very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36158

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36158

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T. B.) ST., 12-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Fox

(a) RESIDENCE No. 1728 N. Maryland ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Fox

6 DATE OF BIRTH (month, day, and year) 1903

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 25 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 19 28

17

I HEREBY CERTIFY, That I attended deceased from July 28, 19 28, to July 29, 19 28, that I last saw her alive on July 29, 19 28, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry C Smith, M. D.

7-30, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL AUG 1 - 192

20 UNDERTAKER Commissioner Health

ADDRESS

C. HAMPSON JONES, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36159 66 E 36159

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 426 Myrtle Ave. St., 17-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bush

(a) RESIDENCE NO. 426 Myrtle Ave., St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 40 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Transfer Business.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant

(Address)

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Edgar Tidy, (Coroner) M. D.

7/27 19 28. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial AUG 1 - 1928 19

20 UNDERTAKER Commissioner of Health. ADDRESS

UNIVERSITY OF MARYLAND

Back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36160

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36160

129

REGISTERED NO. 20-69

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2606 W. Fayette st. (ST.) (WARD)

2—FULL NAME Philip P. Murphy

(a) RESIDENCE NO. 2606 W. Fayette ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Custy Murphy

6 DATE OF BIRTH (month, day, and year) 4-15-1873

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 3 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment In which employed (or employer) Mr Garrett

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Matthew Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Reddey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Murphy
(Address) 2606 W. Fayette st

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30/28

17 I HEREBY CERTIFY, That I attended deceased from 7/28/28 19..., to 7/30/28 19..., that I last saw h... alive on 7/30/28, 19..., and that death occurred, on the date stated above, at 10 10 P m.

The CAUSE OF DEATH* was as follows:

Chr. D.P. Nephritis
Myocarditis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Uremia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Tenny, M. D.

8/1, 19 28 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Near Cathedral

DATE OF BURIAL 8-2-1928

20 UNDERTAKER H. C. Brauning & Son

ADDRESS 1136 Poplar Grove st

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

0160 27 36161

CERTIFICATE OF DEATH X 100-001

E 36161

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2—FULL NAME Joseph W. Redman

(a) RESIDENCE NO. Pilot-Mt N-Car ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 72 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Car.

PARENTS

10 NAME OF FATHER Martin Redman

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Martha Chaffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-1-28

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to Aug-1, 1928, that I last saw him alive on Aug-1, 1928, and that death occurred, on the date stated above, at 7 20 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobular

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7/25/28

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) H. C. Smith, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Pilot North Carolina | 8/1 1928 |
| 20 UNDERTAKER | ADDRESS |
| Albert L. Nitt Jr | 1606 Chester St |

Spec.—1-12-23—M&T—500 Blks.

E 36162

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH. 37-001

E 36162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., (WARD)

REGISTERED NO. 9-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Stark or STORK

(a) RESIDENCE No. 531 E. 20th st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 70 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Stark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Louise ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital Records (Address)

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to August 1, 1928, that I last saw him alive on August 1, 1928, and that death occurred, on the date stated above, at 11.40 a. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith M. D.

8-1, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL Aug 3 1928

20 UNDERTAKER John Ulrich ADDRESS 2908 Orleans

TION is very important. See instructions on

Spec.—1-12-23—M&T—500 Bks.

E 36163

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36163

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS 26-11 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand Zeihm

(a) RESIDENCE No. 311 Lonely Lane ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Zeihm

6 DATE OF BIRTH (month, day, and year) 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Phillip Zeihm

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 - 1 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-30, 1928, to 8-1, 1928, that I last saw him alive on 8-1, 1928, and that death occurred, on the date stated above, at 10 00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr + acute

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted, if not at place of death? Unknown

Did an operation precede death? NO Date of .....

Was there an autopsy? NO

What test confirmed diagnosis? Phys. Examination

(Signed) R. M. Slack, M. D.

, 19 ..... (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Aug 3 1928

20 UNDERTAKER John Ellerich

ADDRESS 2308 Orleans

1-1928 C. HARRISON-JONES M.D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36164 2/6449

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36164

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertie Sikes

(a) RESIDENCE NO. Gough St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Weldon

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE: Years 18 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) USA

PARENTS

10 NAME OF FATHER Perry Causey

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C

12 MAIDEN NAME OF MOTHER Lola Woodson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) USA

14

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1-1928

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 1, 1928, that I last saw h.e alive on Aug 1, 1928 and that death occurred, on the date stated above, at 3 35 a.m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 31

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) L. H. Frantz, M. D.

Aug 2, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gough St. Cem

DATE OF BURIAL Aug 2. 1928

20 UNDERTAKER John Ullrich

ADDRESS 26. S Arlington

...c.—2-29-28—L. F. S.—500 Bks.

16462
16 36165

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36165

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 12-50 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Bishop

(a) RESIDENCE NO. 2225-Chas St ST., WARD Wellsburg-W Va
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2-1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 1 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W-Va-

PARENTS

10 NAME OF FATHER James Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng-

12 MAIDEN NAME OF MOTHER Ruth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eng-

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1-1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Aug 1, 1928.

that I last saw him alive on Aug 1, 1928

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas neuralgia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of Aug. 1st

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. R. Degenan Turnbull M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wheeling W Va

DATE OF BURIAL Aug 1 1928

20 UNDERTAKER H. Thompson Jones and Son

ADDRESS 1131 Bond

...Important that this ... C. HAMPSON JONES, M. D. 1928

Spec.—12-9 25—A Co.—200 Bks.

E 36166

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001 E 36166

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument St. 2-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Marie Wojcik

(a) RESIDENCE NO. 1602 Lancaster St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20 1928

| 7 AGE Years | Months | Days | If LESS than 1 day ....hrs. or.....min. |
|---|---|---|---|
| | 2 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Wojcik

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anges Wojtulewicz

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Baltimore Md.

14 Informant Peter Wojcik

(Address) 1602 Lancaster St.

15 Filed....., 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/1 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/30, 1928, to 8/1, 1928, that I last saw h[er] alive on 8/1, 1928, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

1. Generalized purulent peritonitis.
Left purulent otitis media.
Bilateral broncho-pneumonia

(duration) .....yrs. .....mos. 5 .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of.....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Aug 3rd 1928

20 UNDERTAKER John M Weber ADDRESS 701 S Chester St

Very important. See instructions on back of certificates.

[illegible] 320 [illegible] JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

Skrucha

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36167

## CERTIFICATE OF DEATH.

199 E 36167

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. John's Hopkin Hosp. St., 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Skrucha

(a) RESIDENCE NO. 517 S Regester St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 18 1898

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 29 | 7 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edward Skrucha

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Pipczynska

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Poland

14 Informant Mary Skrucha Mother

(Address) 517 S Regester St.

15 Filed ___, 19___ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide Fracture of Skull

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ___ yrs. ___ mos. ___ ds.

July 31 (signed) H. Colady M. D. (Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Aug 3rd 1928

20 UNDERTAKER John M. Weber ADDRESS 402 S Chester St

Dr. C. HAMPSON JONES, M.D.

Reg #

Spec.—2-29-28—L. F. S.—500 Bks.

E 36168

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36168

7H-001

REGISTERED NO. 15-67

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Ellamont ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry G. Bien

(a) RESIDENCE NO. 1803 Ellamont ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 26 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

3a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Elizabeth Bien

6 DATE OF BIRTH (month, day, and year) Sept. 5-1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 10 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Bien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Elizabeth Miller
(Address) 1803 Ellamont St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31-1928

17

I HEREBY CERTIFY, That I attended deceased from June 1926, 19..., to July 31, 1928

that I last saw him alive on July 31, 1928

and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage and paralysis 4 hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis - high blood pressure
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter Willett, M. D.

Aug 1-28, 19 (Address) 2220 Harrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem | Aug 3 1928 |
| 20 UNDERTAKER Harry W. Ehlen | ADDRESS 1944 W. North ave |

Cor.—12-9-25—A Co.—200 Bks.

E 36169

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X/88-008 E 36169

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St., 11 Ward) REGISTERED NO. 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Luther F Spencer

(a) RESIDENCE NO. Frinksburg Md St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): Aug 30-1924

7 AGE: Years 3; Months 11; Days /

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Laundale Md (State or country)

PARENTS

10 NAME OF FATHER Oliver Spencer

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER— Davidson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Oliver Spencer. (Address) Frinksburg Md

15 Filed Aug 4, 1928 RPH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos.

CONTRIBUTORY (Secondary) Cerebral Embolism (due to) yrs. mos.

(Signed) F C Smith M. D. (Coroner) (Address) Walkersville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wesley Cemetery Carroll Co Md Date of Burial Aug 6 1928

20 UNDERTAKER: W M Rowland ADDRESS 2208 E Fayette St

Form of certificate. See instructions on back of certificate. very important.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36170

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS

46

E 36170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 17 WARD 24

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Short

(a) RESIDENCE NO. 537 Lambert ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Col | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 49 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 610

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant ... M. D.
(Address)

15 Filed ..., 19 1925 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31 19 25

17

I HEREBY CERTIFY, That I attended deceased from 5/1 , 19 25 , to 7/5/25 , 19 25 ,
that I last saw h alive on 5/31/25 , 19 25 ,
and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hydrothorax
Hypostatic Pneumonia
Contributory

(Duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? Patient

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) ..... M. D.

, 19 (Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Aug 3 1928

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Round Hill

Spec.—1-12-23—M&T—500 Blks.

E 36171

# HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

## CERTIFICATE OF DEATH.

113 E 36171

1-PLACE OF DEATH Union Memorial Hospital 9-46 REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST., ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Agnes Dr Lettau

(a) RESIDENCE NO. 2715 Frisby ST., ... WARD ...
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 19 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 9, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min |
|---|---|---|---|---|
| | 1 | 6 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (City or town) Lutherville Md.
(State or country)

PARENTS

10 NAME OF FATHER John Lettau

11 BIRTHPLACE OF FATHER (city or town) Lutherville Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Holmes

13 BIRTHPLACE OF MOTHER (city or town) Lutherville Md.
(State or country)

14 Informant John Lettau
(Address) 2715 Frisby St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/31 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/31/28, 1928, to 7/31/28, 1928, that I last saw her alive on 7/31/28, 1928 and that death occurred, on the date stated above, at 8 PM

The CAUSE OF DEATH* was as follows:

Anuria. (Uremia).

H. K. Coroner J. Grossman

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Palmer F. C. Williams M. D.

7/31, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine — DATE OF BURIAL 8 2 1928

20 UNDERTAKER J. W. Cook — ADDRESS 202 Elliott Pl

C. HAMILTON JONES, M. D.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36172

## CERTIFICATE OF DEATH

11-002 E 36172

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Md. General Hospital St., 28-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard William Darling

(a) RESIDENCE NO. 3810 Arundale Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 23, 1927

7 AGE: Years 10 Months 9 Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country) ~~Scotland~~

PARENTS

10 NAME OF FATHER William Darling

11 BIRTHPLACE OF FATHER (City or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Thelma Winter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospital records. (Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 25, 19 28, to Aug 1, 19 28, that I last saw h[illegible] alive on Aug 1, 19 28, and that death occurred, on the date stated above, at 9 10 p. m.

The CAUSE OF DEATH* was as follows:

Status Medicus

(duration)* yrs. mos. 11 ? ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 7 ? ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) M. D.

(Address)

8/1/28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. Date of Burial 8/3 19 28

20 UNDERTAKER W. M. Cook ADDRESS 501 E. Balto

OF DEATH in plain terms, so that a very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

Buried 1631 E Northern

E 36173

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74-001 ✓

E 36173

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 E 22nd ST. 12 WARD) 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Crist

(a) RESIDENCE NO. 437 E 22nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John C Crist

6 DATE OF BIRTH (month, day, and year): Feb 22, 1857

7 AGE: Years 71 | Months 5 | Days 9 | If LESS than 1 day, hrs. or mio.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

PARENTS

14 Informant: Louis Crist

(Address) 437 E 22nd St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1 1928 to July 31 1928, that I last saw her alive on July 31 1928 and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E Gill Hall, M. D.

Aug 1 1928 (Address) 1631 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side foc additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 8 2 1928

20 UNDERTAKER: J M Cook

ADDRESS 583 E Northern

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36174

## CERTIFICATE OF DEATH.

31 E 36174

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., WARD 24-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Woolery

(a) RESIDENCE No. 325 S. 12th st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 1909

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | 6 | 27 | |

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Noah W. Woolery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Marian Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to July 31, 1928, that I last saw him alive on July 31, 1928, and that death occurred, on the date stated above, at 10.43 P. m.

The CAUSE OF DEATH* was as follows:

1 Caseous pneumonia

(duration) 2 wks. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C Smith M. D.

8-1-28 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL 8/3 1928

20 UNDERTAKER Wm Cook

ADDRESS SOLE North

Spec.—1-12-23—M&T—500 lbs.

E 36175

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

46 E 36175

REGISTERED NO. 28771

1-PLACE OF DEATH Hospital for the women of Maryland

CITY OF BALTIMORE: (No. Lafayett and John ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Ross Claiborne

(a) RESIDENCE No. 506 Chapel Gate Lane ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married. |

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Chas. Claiborne

6 DATE OF BIRTH (month, day, and year) Nov. 12. 1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 30 | 8 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Seaford - Delaware (State or country)

PARENTS

10 NAME OF FATHER Edgar C. Ross.

11 BIRTHPLACE OF FATHER (city or town) Seaford (State or country) Delaware

12 MAIDEN NAME OF MOTHER Rachel B. Elligood.

13 BIRTHPLACE OF MOTHER (city or town) Georgetown (State or country) Delaware.

14 Informant Dr. Chas. Claiborne (Address) 506 Chapel Gate Lane.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to Aug. 2, 1928, that I last saw her alive on Aug 2, 1928, and that death occurred, on the date stated above, at 4:14 A m.

The CAUSE OF DEATH* was as follows:

Ovarian carcinoma (Krukenberg)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Contamination & abdominal wall (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 21, 1928

Was there an autopsy? yes.

What test confirmed diagnosis? Examination & section

(Signed) Francis T. Laughlin, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Haddonfield NJ

DATE OF BURIAL Aug 2 1928

20 UNDERTAKER W W Skinner

ADDRESS 4217 Walnut

Spec.—1-12-23—M&T—500 Blks.

E 36176 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 36176

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 32 W. 25th ST., 12-57 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Kovrach

(a) RESIDENCE No. 32 W. 25th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 25 yrs. -- mos. -- ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) ---------

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| About | 48 | -- | -- | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unobtainable

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unobtainable

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unobtainable

14 Informant H. W. Mears & Son

(Address) 805 N. Calvert Street

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1928

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1928, to Aug 1, 1928.

that I last saw h-e alive on July 30, 1928.

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary with general abdominal metastases

(duration) 1 yrs. 7 mos — ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 12, 1928

Was there an autopsy? no

What test confirmed diagnosis? Pathological section

(Signed) Richard F Kieffer M. D.

8-1. 1928 (Address) 18 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL 8/3 1928

20 UNDERTAKER Henry H. Mears & Son ADDRESS 805 N. Calvert

TION is very important. See instructions on back.

G 2 1928 C. HAMPSON JONES, M. D.

KMK.

Spec.—1-12-23—M&T—500 Blks.

E 36177

Steward ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44

E 36177

REGISTERED NO. 20-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Monroe ST., ... WARD)

2-FULL NAME William F. Steward

(a) RESIDENCE NO. 421 N. Monroe ST., ... WARD ...
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 20, 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 3 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber & Pipe Fitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. B. and A. 59

9 BIRTHPLACE (city or town) Kent County
(State or country) Md.

PARENTS

10 NAME OF FATHER James Steward

11 BIRTHPLACE OF FATHER (city or town) Kent Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emily J. Ford

13 BIRTHPLACE OF MOTHER (city or town) Kent Co.
(State or country) Maryland

14 Informant Mrs. E. L. Crom
(Address) 3524 Dongan St., Elmhurst, L. I.

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to July 31, 1928, that I last saw h... alive on July 28, 1928, and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver,

(duration) 2 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Abt. 6/1/28

Was there an autopsy? No

What test confirmed diagnosis? Lab. Findings

(Signed) Chas. Norton, M. D.

8/1/28 (Address) 885 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery

DATE OF BURIAL Aug. 3 19 28

20 UNDERTAKER Joseph B. Cook

ADDRESS ...

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36178 ✓ E 36178

## CERTIFICATE OF DEATH.

90

15-68

1-PLACE OF DEATH

City of BALTIMORE: (No. 2303 W. North Ave St., Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Drusal France

(a) RESIDENCE NO. 2303 W. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chickel France

6 DATE OF BIRTH (month, day, and year): 1848—

7 AGE — Years: 80 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Russia.

(State or country)

PARENTS

10 NAME OF FATHER: Jacob Swinn

11 BIRTHPLACE OF FATHER (city or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Russia.

(State or country)

14 Informant: Samuel France

(Address): 2303 W. North Ave

15 Filed.....19.....

RMK

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....Inquest.....(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

.....(duration) one yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....yrs. .....mos. .....ds.

Aug 1st 1928 (Signature) H. C. Luch (Coroner) M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem

Date of Burial: Aug. 2-1928

20 UNDERTAKER: Jack Davis

ADDRESS: 1430 E Balto St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 36179

## CERTIFICATE OF DEATH.

90

E 36179

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 S. Kenwood ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reinhold Last

(a) RESIDENCE NO. 841 S. Kenwood ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Katie Last

6 DATE OF BIRTH (month, day, and year) June 14/58

7 AGE — Years: 70 — Months: 1 — Days: 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER John Last

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katie Last

(Address) 841 S. Kenwood

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1928

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to July 30, 1928, that I last saw him alive on July 30, 1928, and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John V. Zegerbichi, M. D.

, 19 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: 8/2 1928

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Blks.

E 36180

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

7/1-001 E 36180

REGISTERED NO.

1-PLACE OF DEATH Balto City Hospts.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto Md. ST., 17 WARD 24

2-FULL NAME Thomas Townsend

(a) RESIDENCE NO. 919, Argyle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| 50. | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospts Balto Md.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/31 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-31, 1928 to 7-31, 1928

that I last saw him alive on 7-31, 1928

and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse Meningitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Pulmonary Congestion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) Harry E. Arnold M.D.

8/1 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cty

DATE OF BURIAL Aug 3 1928

20 UNDERTAKER Leander Wade

ADDRESS 698 pierce St

C. HAMPTON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

21647 E 36181 — CERTIFICATE OF DEATH — X159-103 E 36181

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David Brauer

(a) RESIDENCE NO. Fredericksburg Va ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Child |

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 16 25

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 years | 9 | 16 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER David Brauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Esther Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address)

15 Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to August 2, 1928, that I last saw him alive on August 2, 1928 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Congenital enlargement of left ventricle valve

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 1st

Was there an autopsy? Yes Ligation left ventricle valve

What test confirmed diagnosis?

(Signed) I. R. Trimble, M. D.

Aug 2. 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Fredericksburg Va | Aug 7 19 28 |
| 20 UNDERTAKER | ADDRESS |
| John O Mitchell Sons | 1900 Eutaw Place |

pec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36182

## CERTIFICATE OF DEATH

1-001 E 36182

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME DAVID BASSIN

(a) RESIDENCE NO. 2910 O'DONNELL ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of SARAH BASSIN

7 DATE OF BIRTH (month, day, and year) 1878

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work TAILOR

(b) General nature of industry, business, or establishment in which employed (or employer) 50

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) RUSSIA

PARENTS

10 NAME OF FATHER ABRAHAM BASSIN

11 BIRTHPLACE OF FATHER (city or town) (State or country) RUSSIA

12 MAIDEN NAME OF MOTHER BASSINET

13 BIRTHPLACE OF MOTHER (city or town) (State or country) RUSSIA.

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2/28

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to August 2, 1928, that I last saw him alive on August 1, 1928 and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) James Bradley, M. D.

8-2, 1928 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Aug 2 1928

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 112 E Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 36183

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74-001 E 36183

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Barclay ST., 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Curtis

(a) RESIDENCE NO. 3102 Barclay ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Curtis

6 DATE OF BIRTH (month, day, and year): January 1861

7 AGE — Years: 67 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Essex Co Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Blanche Marshall
(Address) 3102 Barclay St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30th '28

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to July 30th, 1928, that I last saw him alive on July 30th, 1928 and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. Grant Scott, M. D.

, 19 (Address) 354 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Calvary | May 2nd 1928 |
| 20 UNDERTAKER: Wm. P. A. Ellis & Sr. | ADDRESS: 1715 Eastlandave |

Spec.—1-12-28—M&T—500 Blks.

E 36184

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36184

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 129

CITY OF BALTIMORE. (No.) ..... ST., ..... (Ward) 26-37

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tillie Block

(a) RESIDENCE NO. Balto. City Hosp. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 9 mos. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 1 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Louis Block

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Wolfram

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant [redacted] BALTIMORE CITY HOSPITALS

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-16 1914, to 8-2 1928, that I last saw her alive on 8-2 1928, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Nephritis, Chr.

(duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Hydrocephalus

Since birth (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab.

(Signed) H. Sol. Mack, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 8-3 1928

20 UNDERTAKER David Sandheim

ADDRESS 118 W Nth Ryd

Cor.—12-9-25—A Co.—200 Bks.

E 36185

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 36185

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 674 Penn Alley St., 4-25 Ward)

2-FULL NAME Nathaniel Mares

(a) RESIDENCE NO. 674 Penn Alley St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Mares

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 22 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Con. Gas Co.

9 BIRTHPLACE (city or town)
(State or country) S.C.

PARENTS

10 NAME OF FATHER Jacob Mares

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S. C.

12 MAIDEN NAME OF MOTHER Elizabeth Washington

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) S. C.

14 Informant John Mares (Brother)
(Address) 674 Penn Alley.

15 Filed_____ 19_____ C. HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Eugene Feller, M. D.
(Coroner)

8/2/ 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lions Date of Burial Aug 2 1928

20 UNDERTAKER Leonard Whalen ADDRESS 696 Pierce St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

36186

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36186

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., (WARD) 8-12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Frantz

(a) RESIDENCE No. 2219 Henneman ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Annie Frantz

6 DATE OF BIRTH (month, day, and year) 1864 7 4 24

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 5 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O H D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Herman Frantz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mo.

12 MAIDEN NAME OF MOTHER Mary Klising

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1 19 28

17

I HEREBY CERTIFY, That I attended deceased from November 17, 19 27, to August 1, 19 28, that I last saw him alive on August 1, 19 28, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith M. D.

8-2, 19 28 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Lutheran Cemetery

DATE OF BURIAL Aug 4th 19 28

20 UNDERTAKER George Schilling & Son

ADDRESS 120 Monument St

Aug 2 1928 C. HAMPSON JONES, M. D.

Dec.—2-29-28—L. F. S.—800 Bks.

216 E 36187 HEALTH DEPARTMENT—CITY OF BALTIMORE 38 E 36187

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 12-51

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pearl Mitchell

(a) RESIDENCE NO. 2533 Oak ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write this word) |
|---|---|---|
| Female | Black | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 6/12/28

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 1 | 18 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Howard Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Nellie Atkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 2 1928 H. M. S. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/31/28

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to July 31, 1928, that I last saw h.e alive on July 31, 1928, and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) Life yrs. mos. ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann Section

(Signed) H. C. Goodson, M. D.

8/2, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL Aug 1st 1928

20 UNDERTAKER Laurent F. Beasley ADDRESS 58 W Balto

Spec.—7-17-26—A Co.—200 Bks.

(Stradtner)

E 36188

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36188

## CERTIFICATE OF DEATH

143-002.

1-PLACE OF DEATH Md. Gen. Hosp. REGISTERED NO.

City of BALTIMORE: (No. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ruby Stradtner

(a) RESIDENCE NO. 202 St Helena Ave St. Ward Vincennes Ind.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Bernard Stradtner

6 DATE OF BIRTH (month, day, and year) June 17. 1907. ~~1906~~

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 21 | 1 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Vincennes - Dept.

9 BIRTHPLACE (city or town) ~~Petersburg~~ Ind.
(State or country)

PARENTS

20 NAME OF FATHER Mr. Sidney Walker

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Petersburg Ind.

12 MAIDEN NAME OF MOTHER Martha Gibson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Petersburg Ind.

14 Informant Hosp. Record
(Address)

15 Filed ..... 19 ..... C. HARRISON, Jours. M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 - 2 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-31 1928, to 8-2 1928

that I last saw her alive on 8-2-28 19..

and that death occurred, on the date stated above, at 1.10 P. M.

The CAUSE OF DEATH* was as follows:

Intoxication. Pregnancy
& Pneumonia Voluntary

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Intoxication

(duration) yrs. 3 mos. ds.

18 Where was disease contracted Home

if not at place of death?

Did an operation precede death? Yes Date of 8-1-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos Robertson M. D.

(Address) 5/31/28 Mrs. Stradtner

*State the Disease Causing Death, or Conditions Resulting from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vincennes - Ind. Date of Burial Aug - 2. 19 28

20 UNDERTAKER Harry H. Wimple ADDRESS 15-31-W Vincennes Ind

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36189

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36189

## CERTIFICATE OF DEATH.

REGISTERED NO. 66

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Robinson

(a) RESIDENCE NO. 917 N. Howard ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Robinson

6 DATE OF BIRTH (month, day, and year) ? 1893

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Chas. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Chas. H. Robinson Jr. (Address) 2413 Francis St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/1 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/28 1928 to 8/1 1928

that I last saw him alive on 8/1/28 1928

and that death occurred, on the date stated above, at 4 50 A m.

The CAUSE OF DEATH* was as follows:

Chronic alcoholism

(duration) ..... yrs. ..... mos 4 ds.+

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical - Autopsy

(Signed) Charles E. Hill M. D.

8/1 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 8/3/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1618 Druid Hill Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 36190

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36190

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md. University Hospital (Ward) 1-30 Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Eva G. Brapton

(a) Residence No..... 36 Hunting ave., Catonsville..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-Single, Married, Widowed, Married or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Romeo V. Brapton

6-DATE OF BIRTH (month, day and year) July 17, 1899

7-AGE. 29 yrs. 0 mos. 14 ds.

If LESS than 1 day, ....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Pittsburg, Pa.

PARENTS.

10-NAME OF FATHER. Lucy Godwin

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Amelia Goins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Pittsburg Pa.

14- (Informant) Romeo V. Brapton

(Address) 36 Hunting ave., Catonsville

15- Filed ..... 19?

Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 1, 1928.

17- I HEREBY CERTIFY, That I attended deceased from July 31 19 28 to Aug. 1 19 28.

that I last saw h[illegible] alive on Aug. 1 19 28

and that death occurred, on the date stated above, at 10 30 P.m.

The CAUSE OF DEATH* was as follows:

Eclampsia with convulsions

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Wm A. Hutchinson, M. D.

, 19 (Address) Md. University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. 8/2/28 19

20-UNDERTAKER. Geo. H. Holland

ADDRESS 1631 Druid Hill ave

Spec.—1-10-21—M&T—1500 Bks.

(Ohrmann)

E 36191

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36191

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Garrison Ave ST., 15-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernestine Ohrmann

(a) RESIDENCE NO. 3911 Garrison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec-2-1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 7 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry Ohrmann

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Matilda Ohlenroth

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Dr Gus. Thranz (Address) 16 N. Kenwood ave.

15 Filed . . . 19 . . . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug - 1 1928

17

I HEREBY CERTIFY, That I attended deceased from June . 1926. to Aug 1st . 1928.

that I last saw h alive on Aug 1st . 19 ,

and that death occurred, on the date stated above, at 1:35 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

Cardiac Hypertrophy

+ Terminal Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Ohrmann

(Signed) A. C. Smith M. D.

(Address) 450 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Aug 3 1928

20 UNDERTAKER Hughes & Jones Inc — ADDRESS 4 of N. Broadway

TION is very important. Be sure to answer

C. HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36192 — CERTIFICATE OF DEATH. — X 131 — E 36192

1-PLACE OF DEATH University Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No.) Greenbard & green ST., WARD 4-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Charles W. Ayers

(a) RESIDENCE NO. Rock Hall Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs — mos 11 ds. How long in U. S., if of foreign birth? yrs mos ds

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida ayers

6 DATE OF BIRTH (month, day, and year) Jan 4 18V-0

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 yrs. | 6 | 2V- | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waterman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Ayers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Sweetbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital records (Address)

15 Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to Aug. 2, 1928, that I last saw him alive on 8/2/28, 1928, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute pyelonephritis

Uremia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) acute retention urine

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry Durand Davis, M. D.

8/2, 19 28 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel Cemetery Rock Hall Kent Co Md — DATE OF BURIAL aug 3 1928

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W Worth ave

pec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36193

## CERTIFICATE OF DEATH

202 E 36193

1—PLACE OF DEATH Maryland Penitentiary — REGISTERED NO. 12-51

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin F. Spraggins

(a) RESIDENCE NO. 2114 Oak ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 3, 1899.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 9 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Automobile

(c) Name of employer Nash Motor Co.

9 BIRTHPLACE (city or town) (State or country) Tarboro N.C.

PARENTS

10 NAME OF FATHER Benjamin F. Spraggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tarboro N.C.

12 MAIDEN NAME OF MOTHER Julia Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tarboro N.C.

14 Informant Benjamin F. Spraggins

(Address) Md Penitentiary.

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D. 3-19-28

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1927 to August 3, 1928

that I last saw him alive on August 3, 1928

and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Dislocation of 5th Cervical Vertebrae

Hanged by order of court.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas W. Eckenrode, M. D.

, 19 (Address) 2746 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Richmond Va | Aug 3, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Elmer W. Conklin | 924 E. Eager St |

pec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36194

## CERTIFICATE OF DEATH.

90 B 36194

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 20-27

CITY OF BALTIMORE: (No. [redacted] ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Frolich

(a) RESIDENCE No. 1920 Penrose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6 DATE OF BIRTH (month, day, and year) April 3rd 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 3 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumberman

(b) General nature of industry, business, or establishment in which employed (or employer) not given

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Gustav —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Frolich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant [redacted] (Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 [redacted] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8- 2 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-10, 1928 to 8-2, 1928

that I last saw him alive on 8-2, 1928

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute & Chr. Aortic Insufficiency

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys & Lab

(Signed) [redacted] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL Aug 4 1928

20 UNDERTAKER Wilbur W. Shriver

ADDRESS 422 Walnut Ave Pond Heights

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36195

## CERTIFICATE OF DEATH.

3/ E 36195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., 18-26 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Moody

(a) RESIDENCE No. 225 Amity st. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Kate Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed ... 19 ... Registrar

E. BOYD HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 29, 1928, that I last saw her alive on July 29, 1928, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith M. D.

7-30 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Aug 3, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

pec.—1-12-23—M&T—500 Bks.

E 36196

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36196

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 129

CITY OF BALTIMORE: (No. ..... ST., 16-22 WARD)

2-FULL NAME Martin Arnold

(a) RESIDENCE No. 2010 N. Lanvale ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

If non-resident give city or town and State)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | Unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant BALTIMORE CITY HOSPITALS
(Address) [redacted]

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2-1928

17

I HEREBY CERTIFY, That I attended deceased from 6-26, 1902, to 8-2, 1928,

that I last saw him alive on 8-2, 1928

and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr.
Nephritis, Chr. Interstitial

(duration) ? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Hemiplegia, left, Hemorrhage, left, Cerebral (duration) Several years yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) [redacted], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Aug 4 1928

20 UNDERTAKER John L. Fields — ADDRESS 1200 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

E 36197

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36197

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Sinai Hospital St., 15-68 Ward)

2-FULL NAME Sarah Snyder

(a) RESIDENCE NO. 2102 Pennsylvania St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Nathan Snyder.

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE: Years: 32 | Months: — | Days: — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Abraham Steinberg

11 BIRTHPLACE OF FATHER (city or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant: Nathan Snyder

(Address) 2102 Pennsylvania st

15. Filed....., 19 RLL. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/2/28 19

17

I HEREBY CERTIFY, That I attended deceased from 6/18, 1928, to 8/2, 1928, that I last saw h[illegible] alive on 8/2, 1928, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Sub-acute Bacterial endocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Cardiac failure

10 Wks (duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Blood culture.

(Signed) A. O. Silvert, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North Point & German Rd. Date of Burial: Aug 3 1928

20 UNDERTAKER: Jack Lewis ADDRESS 1139 E Balto St

very important. See INSTRUCTIONS on back of this [illegible]

G 3 1928 HARRISON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36198

## CERTIFICATE OF DEATH.

129 E 36198

1-PLACE OF DEATH

City of BALTIMORE: (No.) Johns Hopkins Hosp 25 (Ward) 5

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Offer.

(a) RESIDENCE NO. 100 Carroll St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Claude Offer

6 DATE OF BIRTH (month, day, and year) Dec 12 1888

7 AGE 39 Years 40 Months 4 Days 19. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Robert Ostwood

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Claude Offer

(Address) 100 Carroll St Brooklyn Md

15 Filed 19

Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

Aug 2 (duration) yrs. mos. 1 ds.

(Signed) M. D.

(Coroner)

19 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cahery ct Date of Burial Aug 3 19

20 UNDERTAKER A. F. Mooney & Son ADDRESS 1019 Madison

spec.—1-12-23—M&T—500 Blks.

E 36199

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 36199

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 E Calhoun ST., 16-22 WARD)

2-FULL NAME Charles Xavier Thomas Jr

(a) RESIDENCE NO. 918 E Calhoun ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 21, 1907

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 21 | 2 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ice Man

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Charles Xavier Thomas Sr

9 BIRTHPLACE (city or town) (State or country): Charles Co Md

PARENTS

10 NAME OF FATHER: Charles Xavier Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles Co

12 MAIDEN NAME OF MOTHER: Mary Grace Mackey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charles Co

14 Informant (Address): Charles Xavier Thomas 918 E Calhoun St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1928

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to Aug 1, 1928, that I last saw him alive on July 31, 1928 and that death occurred, on the date stated above, at 4.10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Hemoptysis

(duration) yrs. 25 mos ds.

CONTRIBUTORY (Secondary): Sepsis of Influenza

(duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H Wright, M. D.

Aug 2, 1928 (Address) 1209 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: White Hall Parkside — DATE OF BURIAL: Aug 4 1928

20 UNDERTAKER: Wm H. Case Sons — ADDRESS: 1400 Mass

Spec.—1-12-23—M&T—500 Blks.

36200

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36200

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1623 N. North ave ST. 15-21 WARD

2-FULL NAME John G. Wright

(a) RESIDENCE NO. 1623 N. North Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs -- mos -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cedonia Abbott

6 DATE OF BIRTH (month, day, and year): Sept. 7, 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 67 | 10 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Entry Department

(c) Name of employer: U. S. Custom House

9 BIRTHPLACE (city or town) (State or country): Havre de Grace Maryland

PARENTS

10 NAME OF FATHER: John Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co. Maryland

12 MAIDEN NAME OF MOTHER: Martha J. Irwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cecil Co. Maryland

14 Informant: Mrs. John G. Wright

(Address): 1623 W. North Avenue

15 Filed 19 28 Russ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 1st 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1 , 1928 , to Aug. 1 , 1928 , that I last saw h alive on Aug. 1 , 1928 , and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Unknown (duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frederick J. Crum, M. D.

19 (Address) 2827 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Havre de Grace, Md.

DATE OF BURIAL: 8/4 19 28

20 UNDERTAKER: Henry U. Mears & Son

ADDRESS: 805 N. Eutaw St.

Spec.—1-12-23—M&T—500 Blks.

E 36201 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36201

## CERTIFICATE OF DEATH.

90

REGISTERED NO. 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2960 Wyman Parkway ST., WARD)

2-FULL NAME Lydia M. Mills

(a) RESIDENCE NO. 2960 Wyman Parkway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Mills

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 54 | 10 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn
(State or country) New York

PARENTS

10 NAME OF FATHER Henry Jamieson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) France

12 MAIDEN NAME OF MOTHER Lydia Corning

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) U. S. A.

14 Informant George T. Mills
(Address) 2960 Wyman Parkway

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 / 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1927, to Aug 1, 1928, that I last saw her alive on Aug 1, 1928 and that death occurred, on the date stated above, at 2:00 p m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Auricular fibrillation

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm B Lehnhardt, M. D.

8/3 1928 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 8/4 1928

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N Calvert

ec. 2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36202

## CERTIFICATE OF DEATH

129

E 36202

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5500 Holabird ave ST., 26-36 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna M. Haussecker

(a) RESIDENCE NO. 5500 Holabird ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Haussecker

DATE OF BIRTH (month, day, and year) Oct. 27-1861

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 9 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: George Kahler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Anna M. Bergund

(Address) 3911 Foster ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 1-1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug 1, 1928

that I last saw her alive on August 1, 1928

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B. Fetlow M. D.

8/2, 1928 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| First Evang. Cemetary | Aug 4 1928 |
| 20 UNDERTAKER | ADDRESS |
| George W. Zickler | 1737 E. Eager St. |

ec.—2-20-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36203

## CERTIFICATE OF DEATH

202 E 36203

1—PLACE OF DEATH Maryland Penitentiary — REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Carey

(a) RESIDENCE NO. 2007 E. Orleans ST., ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 2, 1899

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 29 | 2 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: file setter

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Baltimore City Md.

PARENTS

10 NAME OF FATHER: Thomas J. Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Haven Conn.

12 MAIDEN NAME OF MOTHER: Hilda Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hollidaysburg, Pa

14 Informant: Charles Carey
(Address): Md. Penitentiary

15 Filed ..., 19 ... Registrar

3 1928 C. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to August 3, 1928, that I last saw him alive on August 3, 1928, and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:

Dislocation of 5th Cervical vertebrae
Hanged by order of court.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas Wm Edmonds, M. D.

, 19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Aug 6 1928

20 UNDERTAKER: John Ennis — ADDRESS: 2005 E Eden

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36204

## CERTIFICATE OF DEATH

122-002

24-33

E 36204

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1351 Jackson St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME alfred Hill

(a) RESIDENCE NO. 1351 Jackson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Coyle Hill

6 DATE OF BIRTH (month, day, and year) aug 8. 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 48 | 11 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto City Fire Dept

9 BIRTHPLACE (city or town) (State or country) N. H.

PARENTS

10 NAME OF FATHER Mont Knox

11 BIRTHPLACE OF FATHER (City or town) (State or country) Mont Knox

12 MAIDEN NAME OF MOTHER Mont Knox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mont Knox

14 Informant Edward J. Coyle

(Address) 1351 Jackson St.

15 Filed ..... 19 ..... Registrar

CHARLES JONES M. D.

AUG 3 - 1928

Self

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1st 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 28, to Aug 1st, 28; that I last saw h alive on Aug. 1st, 28, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Hepatic Cirrhosis

Cardio-Vascular Decompensation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause, M. D.

19 (Address) 30 S. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial aug 4 1928

20 UNDERTAKER Margaret A. Flynn ADDRESS 1422 Light St

very important. See instructions on back of certificate.

pec.—1-12-23—M&T—500 Blks.

E 3620 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

## CERTIFICATE OF DEATH.

90 E 36205

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 73 Carroll ST., 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Lee

(a) RESIDENCE NO. 735 Carroll ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 15-1845

7 AGE: Years 73 | Months 7 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York State

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York State

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Susanna Douglas (Address) 735 Carroll St

15 Filed , 19 KHL Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 1, 1928, that I last saw him alive on Aug 1, 1928, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 6 days

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Reynard

(Signed) L. F. Bayne, M. D.

8/2 1928 (Address) 16 Randall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Aug 5 1928

20 UNDERTAKER: E. Ohlmann

ADDRESS: 1329 Fremont

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36206

## CERTIFICATE OF DEATH

117 E 36206

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 15-62 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bruno Pasquale

(a) RESIDENCE NO. 3702 Overview Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 21 1924

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 4 | 3 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Tranquilla Pasquale

11 BIRTHPLACE OF FATHER (City or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER Teresa Andreu

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Father

(Address)

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

Per K H H

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/2/28 19

17 I HEREBY CERTIFY, That I attended deceased from 7/31/28, 19...., to 8/2/28, 19....,

that I last saw h.. alive on 8/2/28, 19....,

and that death occurred, on the date stated above, at 9 08 p.m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death? -

Did an operation precede death? Yes Date of 7/31/28

Was there an autopsy? -

What test confirmed diagnosis? Operation

(Signed) J. E. Whitehead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Aug 4 1928 — Date of Burial

20 UNDERTAKER Martin WE Dippel Inc ADDRESS 37 Lan

very important. See instructions on back of certificate.

Spec.—1-12 23—M&T—500 Blks.

E 36207

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

109-002 E 36207

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., 9-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Denton

(a) RESIDENCE No. 3527 Old York Road ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1924

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 3 | 8 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Malcolm G Denton

11 BIRTHPLACE OF FATHER (city or town) Ft Y.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Richardson

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Malcolm G Denton

(Address) 3527 Old York Rd

15 Filed ..... 19 ..... Registrar

AUG 3-1928 C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3 1928

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1928, to August 3, 1928, that I last saw him alive on August 3, 1928, and that death occurred, on the date stated above, at 8.40 a. m.

The CAUSE OF DEATH* was as follows:

Phlegmonous tonsillitis
Meningismus

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) H K Tulek M. D.

8/3, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem — DATE OF BURIAL Aug 4 1928

20 UNDERTAKER John O Mulcahy & Son — ADDRESS 1900 Eutaw

...c.—2-29-28—L. F. S.—500 Bks.

E 36208 E 36208

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

135 E 36203

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene Levering

(a) RESIDENCE NO. 1308 Eutaw Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Ellis Levering

DATE OF BIRTH (month, day, and year) Sept 12, 1845

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 10 | 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) Banker

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Eugene Levering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann S. Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James M. Walter
(Address) Woodward Gardens

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 19 28 to Aug. 2, 19 28

that I last saw h alive on Aug. 2, 19 28

and that death occurred, on the date stated above, at 1:50 p. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis, bilateral.
Myocardial Insufficiency

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Uremia Prostatic Hypertrophy (duration) (?) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 7/31/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Green Mount | Aug. 4 1928 |

20 UNDERTAKER John A. Mitchell & Sons ADDRESS 1900 Eutaw Place

ec.—1-12-23—M&T—500 Blks.

E 36209 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 74-001 E 36209

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Glenmore & Christopher Aves ST. 27-43 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME BENSON STEED ROBERTS

(a) RESIDENCE NO. Glenmore & Christopher Aves. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., If of foreign birth? 45 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Janie Ing Roberts

6 DATE OF BIRTH (month, day, and year) May 2, 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 61 | 2 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Hamilton
(State or country) Bermuda

PARENTS

10 NAME OF FATHER William Francis Roberts

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bermuda

12 MAIDEN NAME OF MOTHER Janie E. Steed

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Bermuda

14 Informant Mrs. Janie Ing Roberts (Wife)
(Address) Glenmore and Christopher Aves.

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 18, 1928, to Aug. 1st, 1928, that I last saw him alive on July 31st, 1928 and that death occurred, on the date stated above, at 9.00 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Howard C. Silver, M. D.

, 19 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL August 4, 1928

20 UNDERTAKER Henry Sander & Sons Inc.

ADDRESS BALTIMORE ST. & BROADWAY.

Spec.—1-12-23—M&T—500 Bks.

E 36210

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36210

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 90

CITY OF BALTIMORE: (No. [redacted] ST., 6-10 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Brickman

(a) RESIDENCE No. 2614 Orleans ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 59 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bar Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) N. Y. City
(State or country)

PARENTS

10 NAME OF FATHER Not given

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant BALTIMORE CITY HOSPITALS [redacted]
(Address)

15 Filed [illegible], 19[illegible] [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-1-1928

17 I HEREBY CERTIFY, That I attended deceased from 8-9, 1924, to 8-1, 1928, that I last saw him alive on 8-1, 1928, and that death occurred, on the date stated above, at 11:40 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr v acute

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Right Hemiplegia; Left Cerebral Hemorrhage (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 8/3 1928

20 UNDERTAKER J. J. Zahn & Sons — ADDRESS 1318 Eighteen

HOW is very important

Cor.—12-9-25—A Co.—200 Bks.

Edward R Dunn

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36211

## CERTIFICATE OF DEATH.

90 E 36211

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Mary to Mercy Hospt Ward) 418 S. 20-28

2-FULL NAME Edward P. Dunn

(a) RESIDENCE NO. 2041 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 75 | 3 | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrotyper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Edward Dunn

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Dorothy Ryan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Mrs. Julia Dunn
(Address) 2041 Hollins

15 Filed AUG 3 1926 19 C. HARRISON JONES, Registrar
By Rich

very important. See instructions on back

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to Death
on the day stated above.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

(Signed) W. S. Purdy M. D.
(Coroner)
July 29, 19 26 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial
New Cathedral Cemetery July 31 26

20 UNDERTAKER ADDRESS
Edward W. Conklin 2242 Eager

rec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36212 ✓ 48 E 36212

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Guilford Ave ST., 12 WARD) 19

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Brawner Wilks

(a) RESIDENCE NO. 1921 Guilford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 24 1844

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 82 | 4 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James E. Wilks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Catherine Brawner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alexandria Va

14 Informant Miss Nora V. Brainard

(Address) 1921 Guilford Ave

15 Filed 3, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to Aug. 1, 1928

that I last saw h[illegible] alive on Aug. 1, 1928

and that death occurred, on the date stated above, at 6-30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardidis

Arteriosclerosis 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Epitheliomas of forehead (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar P. Sandrock M. D.

, 19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount Cemetery | Aug 4th 1928 |
| 20 UNDERTAKER | ADDRESS |
| Bertram Gore | 1723 N. Lafayette Ave |

ec.—1-12-23—M&T—500 Bks.

E 36213

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36213

## CERTIFICATE OF DEATH.

28-66 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5103 Oaklawn Road ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Effie M. Whitmore

(a) RESIDENCE NO. 5103 Oaklawn Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 17, 1877

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 50 | 9 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick County
(State or country) Md.

PARENTS

10 NAME OF FATHER Joshua Whitmore

11 BIRTHPLACE OF FATHER (city or town) Frederick Co
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Deure

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Fannie Shaffer
(Address) 5103 Oaklawn Rd.

15 Filed Aug 2, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1 19 28

17

I HEREBY CERTIFY, That I attended deceased from Mch, 1927, to Aug 1st, 1928, that I last saw him alive on July 31, 1928, and that death occurred, on the date stated above, at 12, 20 A. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary) Infected tooth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Anemia Leukocytosis

(Signed) A. C. Smith, M. D.

Aug 2, 1928 (Address) 4509 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Aug. 4 19 28

20 UNDERTAKER Joseph B Cook

ADDRESS 1017 W. Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

36214

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 188-203

£ 36214

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St., 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naomi Haines

(a) RESIDENCE NO. Mexico and Walbrook St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no.

6 DATE OF BIRTH (month, day and year): 1921- July 8

7 AGE: Years 7 — Months — Days 26

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): md.

(State or country)

PARENTS

10 NAME OF FATHER: Denton Haines

11 BIRTHPLACE OF FATHER (city or town): md.

(State or country)

12 MAIDEN NAME OF MOTHER: Maria Horn

13 BIRTHPLACE OF MOTHER (city or town): md

(State or country)

14 Informant: Denton Haines

(Address): Mexico and Carroll Sts md

15 Filed 19 Registrar

very important. See instructions on reverse side.

C. CARSON JONES, M. D.

1926

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Fissure Possible fracture Skull hours

(duration) yrs. mos.

(Secondary) Struck by Automobile.

(duration) yrs. mos. ds.

(Signed) F. C. Funk M. D.

(Coroner)

Aug 3rd 1928 (Address) North Ave & Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

Leister's Cemetery Aug. 4 1928

20 UNDERTAKER Carroll County Undertaking Co. Address Pantalon

W. M. Koutsos Baltimore Md

Cor.—12-9-25—A Co.—200 Bks.

E 36215

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 36215

1-PLACE OF DEATH

City of BALTIMORE: (No. 1409 Lemmon St., 19-28 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Mackey

(a) RESIDENCE NO. 1409 Lemmon St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Cold

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow.

6 DATE OF BIRTH (month, day, and year): Feb. 27th 1861

7 AGE: Years 67 Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto

PARENTS

10 NAME OF FATHER: Moses Mackey

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Mary Mack

(Address): 1409 Lemmon

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug Aug 1st 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

.....find that said deceased came to death

(Autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows: Abdominal Dropsie

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary): 3 months

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D.

(Coroner)

Aug 2 1928 (Address) Arctic Board

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Aug 3rd 1928

20 UNDERTAKER: A. Jones ADDRESS: 111 S. Gilmor

very important. See instructions on back of

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36216

## CERTIFICATE OF DEATH.

38 E 36216

1-PLACE OF DEATH

City of BALTIMORE: (No. 1504 E Pratt St, 26-41 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Newcomb

(a) RESIDENCE NO. 113 Appleton St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Mab | white | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12 1899

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 31 | 8 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sea Captain

(b) General nature of indnstry, business, or establishment in which employed (or employer) Jos Wolff & Bro

(c) Name of employer

9 BIRTHPLACE (city or town) Reynolds

(State or country) Virginia

PARENTS

10 NAME OF FATHER John Newcomb

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Reynolds Va

12 MAIDEN NAME OF MOTHER Emma Lent

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Ida Williar

(Address) 113 Appleton St

15 Filed ..... 19 .....

RRR Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Glomerular Nephritis

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Hutton, M. D.

(Coroner)

(Address) 7006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. Date of Burial: Aug 4 1928

20 UNDERTAKER: Mrs. C. Miller & Son ADDRESS 2334 Frem Ave

very important. See instructions on the back

pec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36217

## CERTIFICATE OF DEATH.

103 E 36217

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2338 Eager Place St. 7-12 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad Wahl

(a) RESIDENCE NO. 2338 Eager Place St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced (or) ~~HUSBAND~~ WIFE of: Late Justine Wahl

6 DATE OF BIRTH (month, day, and year): June 19-1840

7 AGE — Years: 88 | Months: 1 | Days: 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mrs. Hoffman

(Address) 2338 Eager Place

15 Filed ....., 19 .....

1428 C. HAMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3d 1926

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1926, to Aug 3d, 1926, that I last saw h[illegible] alive on Aug 2, 1926 and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary): old age

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Drew Henry [illegible] M. D.

Aug 3, 1926 (Address) 3002 Harrison 20 J

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Aug 6th 1926

UNDERTAKER: Jas E. Fuller & Son — ADDRESS: 2334 Hoffman St

Spec.—1-10-21—M&T—1500 Bks.

E 36218 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36218

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1822 Laurens. ST. 15-22 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zulekah Clark

(a) RESIDENCE No. 1822 Laurens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. Clark.

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE Years 80 Months — Days If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Howard Co Md (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Howard Co Md (State or country)

14 Informant Mazie Cooney (Address) 1822 Laurens St

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2 1928

17 I HEREBY CERTIFY, That I attended deceased from July 27th 1928, to Aug 2 1928

that I last saw h[illegible]live on July 1st 1928

and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) one yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) T. Lee Tinch M. D.

(Address) North Ave & Dunn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 8-4 1928

20 UNDERTAKER Dennis Easton ADDRESS 916 Cathedral

TION is very important. See instruction

ec.—1-12-23—M&T—500 Bks.

E 36219 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36219

CERTIFICATE OF DEATH. 123

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 11-24

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Pritchett

(a) RESIDENCE NO. 749 West Preston ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): wid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not given

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE: Years 56 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER West

11 BIRTHPLACE OF FATHER (~~city or town~~) (State or country): Md

12 MAIDEN NAME OF MOTHER Louisa Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records BALTIMORE CITY HOSPITALS [redacted]

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-30, 1928, to 8-7, 1928, that I last saw him alive on 8-7, 1928, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis, Stone in Common Bile Duct

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis - acute

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? G. S. autopsy

(Signed) H. Friedenwald, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 8/9 1928

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Penna Ave

ec.—1-12-23—M&T—500 Bks.

E 36220 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36220

# CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH Union Memorial Hosp.

CITY OF BALTIMORE: (No.) Calvert & 33rd ST., 9-46 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Jane Sellain

(a) RESIDENCE NO. 2715 Fusky ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1925

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|
| 2 yrs | 8 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Sellain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) John Sellain 2715 Fusky St

15 Filed Aug. 4, 1928 Registrar RKH

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 3, 1928, that I last saw her alive on Aug 3, 1928 and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Dysentery (Bacillary)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Widal

(Signed) Wallace R. Swafford M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL 8/4 1928

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

C. HAMPSON JONES, M. D.

sc.—2-29-28—L. F. S.—500 Bks.

E 36221 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36221

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 129

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 27-48 WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ivy-V. Emerson

(a) RESIDENCE NO. Beechwood Rd ST., WARD Govans-Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Malcom E Emerson

DATE OF BIRTH (month, day, and year) Aug 3, 1892

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 36 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER William Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Joanna Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Kinds -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....
C. HAMPSON JONES, M. D.
1928 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3-28

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to Aug 3, 1928

that I last saw h.. alive on Aug 3, 1928

and that death occurred, on the date stated above, at 10 05 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Arteriosclerosis

(duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood + Kahn Gen.

(Signed) Christopher Johnston, M. D.

, 19 (Address) John Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 8/6 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Spec.—1-10-21 M&T 1500 Bks.

E 36222

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36222

## CERTIFICATE OF DEATH.

75-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3001 Huntington ave ST. 12-51 WARD

2-FULL NAME Virginia Montgomery

(a) RESIDENCE NO. 3001 Huntington ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Montgomery

6 DATE OF BIRTH (month, day, and year) July 26-187

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 57. | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Elias Wallace

11 BIRTHPLACE OF FATHER (city or town) md (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Parks

13 BIRTHPLACE OF MOTHER (city or town) md (State or country)

14 Informant Mrs J P Henry

(Address) Baltimore Md

15 Filed Aug 6 1925, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3d 1925

17

I HEREBY CERTIFY, That I attended deceased from June 11th, 1925, to Aug 3d, 1925.

that I last saw her alive on Aug 3d, 1925,

and that death occurred, on the date stated above, at 8-30 P m.

The CAUSE OF DEATH* was as follows:

Multiple Neuritis

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) A. L. Gamma, M. D.

Aug 6th 1925 (Address) 1929 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug 6 1925

20 UNDERTAKER Wm Cook — ADDRESS 502 E. Hoffman

ec.—1-12-23—M&T—500 Blks.

E 36223

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36223

## CERTIFICATE OF DEATH. 159-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3827 Foster Ave ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alberta Miller

(a) RESIDENCE NO. 3827 Foster Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 3, 1928

7 AGE

| Years | Months | Days | If LESS than 1 day 17 hrs or min |
|---|---|---|---|
| — | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER David Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Bertha Fischer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant David Miller

(Address) 3827 Foster Ave

15 Filed 1928, 19 C. HARRISON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Aug 4, 1928

that I last saw her alive on Aug 4, 1928

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Open Pneumonia

Acute

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilton, M. D.

8/4, 1928 (Address) 314 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Carmel Cemetery | Aug 4 1928 |
| 20 UNDERTAKER | ADDRESS |
| H. Sander Sons | 1710 Fleet St |

Dr Campbell

sec.—2-29-28—L. F. S.—500 Bks.

E 36224 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36224

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 23-34

CITY OF BALTIMORE: (No. 1535 S. Charles ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Henry H. Kaiss

(a) RESIDENCE NO. 1535 S. Charles ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 14, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 7 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Edwin E Kaiss

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Clara M Phillips

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Edwin E Kaiss
(Address) 1535 S Charles St

15 Filed , 19 1928 C. HAMPSON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3. 1928

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1928, to Aug 3, 1928
that I last saw h- alive on Aug 3, 1928
and that death occurred, on the date stated above, at 5:00 a m.

The CAUSE OF DEATH* was as follows:
Acute Otis Calitis
No Evidence of Dysentry

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 6 ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.
Aug 3, 1928 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | 8 6 1928 |
| 20 UNDERTAKER J. M. Cook | ADDRESS 502 E Lanvale |

Cor.—12-9-25—A Co.—200 Bkr.

(Konow)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36225

## CERTIFICATE OF DEATH.

74-001 E 36225

1-PLACE OF DEATH

City of BALTIMORE: (No. Equitable Building St., 26-40 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick L. Konow

(a) RESIDENCE NO. 3224 Elmora St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie M Konow

6 DATE OF BIRTH (month, day, and year): 10/23/1875

7 AGE: Years 52 Months 9 Days 8 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer

(b) General nature of industry, business, or establishment in which employed (or employer): 63

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Fred Konow

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Trebel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Jennie M Konow

(Address): 1322 S Carey St

15 Filed 24 19 28 CHARLES JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

sudden (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(Duration) .....yrs. .....mos. .....ds.

(Signed) L. J. Irby M. D.

(Coroner)

Aug 4, 1928 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial: 8/4 1928

20 UNDERTAKER: George & Ruth ADDRESS: 1735 Hanford Ave

Spec. 12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36226

## CERTIFICATE OF DEATH.

90

E 36226

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME Mary Corcoran

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race W

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

10 NAME OF FATHER Patrick Powers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Harrington

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

PARENTS

14 Informant Little Sisters of the Poor

(Address) Preston & Valley

15 Filed ..., 19... 1928 C. HAMPSON, Jr., M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

Aug 27

17 I HEREBY CERTIFY, That I attended deceased from to record ..., 19..., to ..., 19...,

that I last saw h. alive on Aug 29, 1928,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

Contributory (duration) ...yrs. ...mos. ...ds.

(Secondary)

... (duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy?

What test confirmed diagnosis!

(Signed) F. A. Warner, M. D.

Aug 3, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial Aug 6, 1928

20 UNDERTAKER Rita Wiedefeld — ADDRESS 914 Greenmount Ave

Spec.—1-10-21—M&T—1500 lbs.

E 36227

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36227

## CERTIFICATE OF DEATH.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 E 22nd St ST., 9-46 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME EUGENE FOLLEY

(a) RESIDENCE NO. 814 E 22nd St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced (write the word): WIDOWED

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ CARRIE FOLLEY

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE: Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher.

(b) General nature of industry, business, or establishment in which employed (or employer): O/B

(c) Name of employer: H.E. SUTER

9 BIRTHPLACE (city or town) (State or country): MARYLAND.

PARENTS

10 NAME OF FATHER: RICHARD FOLLEY

11 BIRTHPLACE OF FATHER (city or town) (State or country): MD.

12 MAIDEN NAME OF MOTHER: SARAH —?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): MD.

14 Informant: E. WALTER FOLLEY (Address) 814 E 22nd St

15 Filed Aug 4, 1928 Registrar

C. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 2nd 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 2, 1928, that I last saw him alive on Aug 1, 1928, and that death occurred, on the date stated above, at 8.20 a m.

The CAUSE OF DEATH* was as follows:

Abdominal Carcinoma

(duration) one yrs. 18 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Paracentesis

Did an operation precede death? Date of July 25, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed): Hubert Edmonds, M. D.

(Address) Aug 3 1928 916 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery DATE OF BURIAL 8-6-28

20 UNDERTAKER: Martin Fahey & Son ADDRESS 1812 W North Ave

CAUSE OF DEATH must be plainly written. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36228 E 36228

## CERTIFICATE OF DEATH.

161-001

13-59

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1318 W North a St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Whittemore

(a) Residence No. 1318 W. North a St., ..... Ward.....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, white.

5-Single, Married, Widowed, or Divorced (Write the word) single.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 8-3-28

7-AGE, ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 3 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER Rawlings V. Whittemore

11-BIRTHPLACE OF FATHER (city or town) Va. (State or Country),

12-MAIDEN NAME OF MOTHER, Rhea M. Wright.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

14- (Informant) Rawlings V. Whittemore

(Address) 2318 W North Ave

15- Filed ..... 192 C. HARRISON JONES, M. D. Registrar.

132

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8-3-28.

17- I HEREBY CERTIFY, That I attended deceased from 8-3 1928 to 8-3 1928

that I last saw him alive on 8-3 1928

and that death occurred, on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth.

7 mo.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

8/3/28 (Signed) A. R. Allen M. D.

(Address) 2737 W. North.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| Loudon Park | 8-4-28 |
| 20-UNDERTAKER. | ADDRESS. |
| Martin Fahrenholz | 1827 N. Pace |

Cor.—12-9-25—A Co.—200 Bks.

E 36229

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

180-001 E 36229

1-PLACE OF DEATH

City of BALTIMORE: (No. 613 S. Patterson Park Ave. Ward 13)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Everett

(a) RESIDENCE NO 613 S Patterson Park Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1 1918

7 AGE: Years | Months | Days: 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Salt Lake City Utah

(State or country)

PARENTS

10 NAME OF FATHER James H Everett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Salt Lake City

12 MAIDEN NAME OF MOTHER Anna Jackiewicz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Salt Lake City Utah

14 Informant James H Everett

(Address) 613 S Patterson Park Ave

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental suffocation Heat Exhaustion while in bed with her mother about one hour

(duration) ..... yrs. ..... mos. one hour

CONTRIBUTORY (secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Faulkner M. D. (Coroner)

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Balm. Date of Burial: Aug 4th 1928

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

...—2-20-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36230

## CERTIFICATE OF DEATH

90 E 36230

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4506 Maine ave ST., 28-64 (WARD)

2—FULL NAME Elizabeth M. Karl

(a) RESIDENCE NO. 4506 Maine ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Edward J. Karl

DATE OF BIRTH (month, day, and year) Sept 2 1892

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 35 | 10 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ger

PARENTS

10 NAME OF FATHER Fred J. Fickus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Kunagunda F. Bayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Edw. J. Karl

(Address) 4506 Maine av

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/31/28

17 I HEREBY CERTIFY, That I attended deceased from 7/30/28, 19..., to 7/31/28, 19...,

that I last saw h... alive on 7/31/28

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
Myocarditis

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas V. Miller M. D.

19 (Address) 532-522 rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Dubuque Cem | 8/4/1928 |
| 20 UNDERTAKER J. J. Moran | ADDRESS 3000 E. Balt St. |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36231 E 36231

## CERTIFICATE OF DEATH. 187-007

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St., 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Adams

(a) RESIDENCE NO. 912 N Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Janie Adams

6 DATE OF BIRTH (month, day, and year) Jan 18/1892

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 36 | 6 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stoker

(b) General nature of indnstry, business, or establishment in which employed (or employer) Coal truck

(c) Name of employer J D Walker

9 BIRTHPLACE (city or town)

(State or country) Howard Co. Md

PARENTS

10 NAME OF FATHER Edward Adams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co

12 MAIDEN NAME OF MOTHER Sarah Walker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Howard Co

14 Informant Janie Adams

(Address) 912 N Stricker St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and ~~from~~ the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture 5 Cervical Vertebra by Coal truck automatic left falling on his neck accident (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) James H Taylor M. D. (Coroner)

8-3, 1928 (Address) 1002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Balt City Hosp yrs., mos., 5 ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 500 Eaton Ave

Former or usual residence 912 N Stricker St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cemetery Date of Burial Aug 5, 1928

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N Schroeder St

1928 C. HAMPSON JONES, M.D.

12 KH

Spec.—1-10-21—M&T—1500 Bks.

E 36232

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36232

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4211 Kenwood Ave., Baltimore St., 26th WARD)

REGISTERED NO. 21-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Horace Clinton Wood

(a) RESIDENCE No. 4211 Kenwood Ave. Baltimore, Md St., 26th WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Harper

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 55 | 10 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Charles L. Stockhauser

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Horace C. Wood
(Address) 4211 Kenwood Ave.

15 Filed ... 1928 ... 19 ... HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1927 to Aug. 3, 1928, that I last saw him alive on Aug. 2, 1928, and that death occurred, on the date stated above, at 10: A. m.

The CAUSE OF DEATH* was as follows:

Cancer of the liver

(duration) ... yrs. 15 (?) mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings

(Signed) A. L. Wilkinson, M. D.

8/3, 1928 (Address) A. L. Wilkinson, 5713 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 8 6 28

20 UNDERTAKER Harry D. Witzke — ADDRESS 53 N. Lombard St.

ec.—1-12-23—M&T—500 Bks.

E 36233

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36233

## CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH St. Agnes Hospital

REGISTERED NO. 19-25

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Young.

(a) RESIDENCE NO. 1815 Frederick Ave ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 23 1913

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 14 | 7 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer "

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Robert Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Robert Young (Address) 1815 Frederick ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3rd 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2 1928 to Aug 3 1928, that I last saw him alive on August 3 1928 and that death occurred, on the date stated above, at 5:35 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis Rheumatic Acute

Myocarditis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocarditis Acute Rheumatic

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) John B. E. Deegan M. D.

(Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL 8/6/28 19

20 UNDERTAKER Harry E. Witzke, 153 N. Lombard St. — ADDRESS

AUG 4 1928 C. HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E 36234

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36234

## CERTIFICATE OF DEATH.

65-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2274 N. Linwood Ave., 6 - 11 WARD)

2-FULL NAME Lilly Jay

(a) RESIDENCE NO. 2274 N. Linwood Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: John J. Jay

6 DATE OF BIRTH (month, day, and year): Mar. 14, 1870

7 AGE — Years: 58 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: John Frantzein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Saxony, Germany

12 MAIDEN NAME OF MOTHER: Pauline Gabell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Mary Frantzein

(Address) 539 N. Linwood Ave.

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug. 3, 1928, that I last saw her alive on Aug. 2, 1928 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows: Arteriosclerotic Cardio-vascular-renal Disease: Myocardial Degeneration, Chron. Lymphatic Leukemia

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X Picture, Ventricard.

(Signed) R. Allen Sussman, M. D.

, 19 (Address) 2340 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — DATE OF BURIAL: 8/6 1928

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Aliceanna.

TION is very important. See instructions

C. W. CARLSON JONES, M. D.

c.—2-29-28—L. F. S.—500 Bks.

36235

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

112 E 36235

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3909 Orleans ST., 26-39 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma R. Dreiberg

(a) RESIDENCE NO. 3909 Orleans ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Dreiberg

DATE OF BIRTH (month, day, and year) June 20/80

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 1 | 12 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penna

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Regina Rothgaber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Charles Dreiberg

(Address) 3909 Orleans St

15 Filed , 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 2, 1928, that I last saw h.. alive on Aug 2, 1928, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 6 hrs.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at her home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Wohl M. D.

8/3, 1928 (Address) 1601 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Aug 6, 1928

20 UNDERTAKER Philip Henrig

ADDRESS 2046 Orleans St

THOMPSON JONES M.

Cor.—12-9-25—A Co.—200 Bks.

E 36236

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 188-203 E 36236

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St., 11 Ward) 11-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Saml. D. Hann

(a) RESIDENCE NO. Funkstown Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 14 1896

7 AGE: Years 32 Months 2 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll Co

(State or country) Md.

PARENTS

10 NAME OF FATHER: Abraham J. Hann

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Emma King

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Chester C. Hann

(Address) Funkstown Md

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest.....Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

Automobile Accident

Ran into Md. Gen. Hosp.

(duration) yrs. mos.

Contributory (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Link M. D.

(Coroner)

(Address) North Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Cemetery Date of Burial Aug 7 1928

20 UNDERTAKER: H Bankard & Son ADDRESS Westminster

Spec.—1-10-21—M&T—1500 Bks.

36237

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36237

## CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N. Fulton Ave. (Ward) 16-22

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Smith

(a) RESIDENCE No. 1203 N. Fulton Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ½ hr. How long in U. S., if of foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug. 2, 1928.

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 0 | 0 | 30 min. |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Clarence John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Albon, N. C.

12 MAIDEN NAME OF MOTHER: Gladys V. Gwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Va.

14 Informant: Gladys Smith (mother)

(Address): 1203 N. Fulton Ave.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 2 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 . 1928 to Aug 2 . 1928. that I last saw him alive on Aug 2 . 1928. and that death occurred, on the date stated above, at 8 35 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(7 months - twin)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm A. Lutherwood M. D.

. 19 (Address) Md. University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19 |
|---|---|
| 20 UNDERTAKER | ADDRESS |

Commissioner Health

ec.—1-12-23—M&T—500 Bks.

36238

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36238

## CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Ann ST., 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Stewart

(a) RESIDENCE NO. 410 N. Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced, (write the word): ✓

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

7 DATE OF BIRTH (month, day, and year)

AGE: Years | Months | Days | If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED ✓

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Elisha Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Central America

12 MAIDEN NAME OF MOTHER Brigitte Mackel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Elisha Stewart

(Address) 410 N. Ann

15 Filed 1928 Registrar

2673 RPH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/2 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-2, 1928, to 8-2, 1928

that I last saw her alive on 8-2, 1928

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Still birth due to

Malposition of cord and

Premature separation of Placenta

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Separation of placenta

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs

(Signed) James R. Blake, M. D.

, 19 (Address) 924 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19

20 UNDERTAKER | ADDRESS

[redacted]

C. HAMPSON LOWE, M. D. Commissioner of Health

1928

For Form 8 NORDAC

eo.—1-12-33—M&T—500 lks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36239

## CERTIFICATE OF DEATH.

129 E 36239

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Mondawmin Ave ST., 12-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Livingston

(a) RESIDENCE NO. 2315 Mondawmin Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Sarah Livingston

DATE OF BIRTH (month, day, and year) Sept 15 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 9 | 18 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eutaw St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1928 to Aug. 3, 1928, that I last saw him alive on Aug. 3, 1928, and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis superimposed by uraemia.

chronic (duration) yrs. mos ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? urinary findings

(Signed) Nathan H. Shapiro, M. D.

8/3, 1928 (Address) 1830 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Rock Road | 8/5 1928 |
| 20 UNDERTAKER Jack Lewis 1439 Eutaw St | ADDRESS |

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36240

## CERTIFICATE OF DEATH.

90 E 36240

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Milburn

(a) RESIDENCE No. 900 So Wellman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): wid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: 59 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Henrietta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant [redacted]

(Address)

15 Filed [redacted], 19 [redacted] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-3 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-12, 1927, to 8-3, 1928, that I last saw him alive on 8-3, 1928, and that death occurred, on the date stated above, at 1:40 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr + Acute

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Hypertention, Prostatic Hypertrophy (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hyp. Trace

(Signed) A. M. Nicol M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: aug 6 1928

20 UNDERTAKER: Edward Bryan — ADDRESS: 1681 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E 36241

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 45 E 36241

1-PLACE OF DEATH Church Home Infirmary

REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. George C. Murray.

(a) RESIDENCE No. Belair, Md. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21, 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | — | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Geo Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown.

14 Informant Mrs Geo Murray (Address) Belair Md.

15 Filed ....., 19 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1928 to Aug. 5, 1928 that I last saw him alive on Aug. 5, 1928 and that death occurred, on the date stated above, at 12 00 A m.

The CAUSE OF DEATH* was as follows:

Peritonitis (Post. Operative)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

Resection of Bowel for Cancer

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 30, 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter B. Johnson M. D.

19 (Address) Church Home + Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Co Md Mountain Christian Church DATE OF BURIAL Aug 7, 1928

20 UNDERTAKER Hornberger & Goes ADDRESS Bel Air Md.

Cor.—12-9-25—A Co.—200 Bks.

E 36242

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

× 194 E 36242

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine L. Green

(a) RESIDENCE NO. 206 W. Pennsylvania Ave. Towson Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Feb. 19, 1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 3 | 5 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick J. Green

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Regina Lindsay

13 BIRTHPLACE OF MOTHER (city or town) Towson

(State or country) Maryland

14 Informant Frederick J. Green

(Address) 206 W. Pennsylvania Ave.

15 Filed ..... 19 ..... , Registrar

very important. See instructions on back

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Isolation~~ Isolation

2 or 3 days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

Aug 4 192 (Signed) W. J. Gilmore M. D. (Coroner) (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In this State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Monte Marie Cemetery Date of Burial 8/6/28

20 UNDERTAKER Henry R. Wears & Emerson Calvert ADDRESS

AUG 5 1925

HARRY C. HANSON JONES, M.D.

...ec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36243

## CERTIFICATE OF DEATH.

57 E 36243

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST., 4-25 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Harper

(a) RESIDENCE NO. 117 W. Mulberry ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of 1868

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or min |
|---|---|---|---|---|
| | 59 | 11 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Queen Anne's Co. Md

PARENTS

10 NAME OF FATHER John Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne's Co. Md

12 MAIDEN NAME OF MOTHER Mary Morston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md

14 Informant Hospital Record
(Address)

15 Filed ....., 19.. DMK. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to August 4, 1928, that I last saw her alive on August 4, 1928 and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus
Chronic myocarditis
Chronic nephritis
(duration) ✓ yrs. mos ds.

CONTRIBUTORY (Secondary) Acute myocardial failure
(duration) yrs. mos. ½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam! Laboratory Test.

(Signed) Palmer F. C. Williams, M. D.

8/4, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery — DATE OF BURIAL 8/6, 1928

20 UNDERTAKER Henry W. Myers and Son — ADDRESS 805 N. Calvert

c.—1-12-23—M&T—500 Blks.

36244

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

66 E 36244

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No. ..... ST., 18-29 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jenora Lapinskas

(a) RESIDENCE No. 814 W. Pratt ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Lapinskas

DATE OF BIRTH (month, day, and year) Lithuania

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 37 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barroom

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER John Bartas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant Relative

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-29 1927 to 8-3 1928.

that I last saw her alive on 8-3 1928

and that death occurred, on the date stated above, at 12:40 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholism, Acute
Multiple Neuritis, Alcoholic

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of occupation

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Exam & Lab.

(Signed) ..... M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL July 6 1928

UNDERTAKER John J. Gowan Sons — ADDRESS 902 Lafayette Ave

...—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36245 — 31 — 11-24 — E 36245

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 132 N. Gilmor St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edith Smith

(a) RESIDENCE NO. 132 N. Gilmor ST. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 1st 1906

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 22 | | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 10

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Noble Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ellen Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Emma Armstrong

(Address) 132 N. Gilmor St.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2-1928

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to Aug 2-, 1928, that I last saw her alive on Aug 2-, 1928 and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lung
Tuberculosis

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Postive

(Signed) Dr. [illegible] M. D.

7-3, 1928 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cemetery | Aug. 5, 1928 |
| 20 UNDERTAKER: Mrs. R. A. Elliott | ADDRESS: 1725 Ashland Ave |

...—2-29-28—L. F. S.—500 Bks.

Dr Eby - 811 N Broadway

# HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 36246

## CERTIFICATE OF DEATH

E 36246

7H-001

REGISTERED NO. 12-50

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 2408 Guilford Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret A. Gray

(a) RESIDENCE NO. 2408 Guilford Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

EX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm C Gray.

ATE OF BIRTH (month, day, and year): Sept 24, 1863

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 10 | 13 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0-37

(c) Name of employer: At Home

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John T Hodges

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt Md

12 MAIDEN NAME OF MOTHER: Mary A Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md

Informant: Mrs E Hall

(Address) 2408 Guilford Ave

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3. 1928

17

I HEREBY CERTIFY, That I attended deceased from July 28 19 28, to Aug 1 19 28,

that I last saw her alive on 8/1 2 19 28

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Apoplexy (duration) Instantly yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Egmont Eby, M. D.

Aug 4. 1928 (Address) 811 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 8/6 1928

20 UNDERTAKER: Wm C Cook

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36247

## CERTIFICATE OF DEATH.

90 E 36247

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2952 Harlem Ave ST., 16 WARD) 90

2-FULL NAME Sarah Work

(a) RESIDENCE NO. 2952 Harlem Ave.; WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George F. Work

6 DATE OF BIRTH (month, day, and year): Nov 23. 1854

7 AGE — Years: 73 Months: 8 Days: 11 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: George F. Work (Address) 2952 Harlem Ave

15 Filed Aug 9 1928. HARRY M. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1st. 1928. to Aug 4 1928.

that I last saw her alive on Aug 4 1928.

and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Regurgitation

V 8

(duration) yrs. 5 mos 3 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Leo. H. Langenbach M. D.

8-4-, 1928 (Address) 224 N. Howard Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: Aug 7 1928

20 UNDERTAKER: W. M. Cook

ADDRESS: 520 North Ave

rc.—1-12-23—M&T—500 Bks.

E 36248

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36248

1-PLACE OF DEATH

REGISTERED NO. 23-31

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F Bird.

(a) RESIDENCE NO. 1141 Leadenh ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ~20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | wid. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bird

DATE OF BIRTH (month, day, and year) 1854

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 73 | 74 | | | |

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Watchman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Not obtained

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records BALTIMORE CITY HOSPITALS (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-21 1923 to 8-4 1928, that I last saw him alive on 8-4 1928, and that death occurred, on the date stated above, at 1:35 A. m

The CAUSE OF DEATH* was as follows:

Myocarditis Chr. acute

(duration) 6 yrs. mon ds.

CONTRIBUTORY (Secondary) Emphysema, Chr. Bronchitis Arterio-Sclerosis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys + Lens

(Signed) ..... M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 8/7 1928

20 UNDERTAKER Wm. F. Cook — ADDRESS 502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36249

## CERTIFICATE OF DEATH.

90

E 36249

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5520 Liberty Heights ave ST., 28 WARD) 63

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Gilbert

(a) RESIDENCE No. 5520 Liberty Heights av ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: George W Gilbert

6 DATE OF BIRTH (month, day, and year): January 5, 1855

7 AGE — Years: 69 — Months: 6 — Days: 28 — If LESS than 1 day, .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: August Boettger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christine Eckel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Annie Jester
(Address) 5524 Liberty Heights av

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 1928

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1928, to Aug 3, 1928, that I last saw her alive on Aug 3, 1928, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual symptoms

(Signed) Fred B Jewett, M. D.

(Address) 2516 Penn. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 8/6 1928

20 UNDERTAKER: Wm Cook — ADDRESS: Forest Park

AUG - 1928 HARRY JONES, M. D.

1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36250

## CERTIFICATE OF DEATH.

114 E 36250

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 534 N Robinson ST., 7 - 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn F McComas

(a) RESIDENCE NO. 534 N. Robinson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word): Single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 6th 1927

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 3 | 8 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William M. McComas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Alice Hewitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: William M. McComas

(Address) 534 N. Robinson st

15 Filed ..., 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Aug 4, 1928

that I last saw h[er] alive on Aug 4, 1928

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Colitis

Due to Amebic Dysentery

(duration) ... yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Campbell, M. D.

Aug 4, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 6th 1928

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 426 Monument st

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36251

## CERTIFICATE OF DEATH.

182 E 36251

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Fort Leadenhall St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dons

(a) RESIDENCE NO. 923 Leadenhall St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | b | S- |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 19 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Newport News Va.

PARENTS

10 NAME OF FATHER James Dons

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Ella Richardson

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant [illegible]

(Address) New Castle Va

15 Filed....., 19.... [illegible] Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: [illegible] C C Downing

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

, 19 (Address) 1-36 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Newport News Va 8/5 1928

20 UNDERTAKER Walter B. Griggs ADDRESS 134 W Hamburg

...—1-12-23—M&T—500 Blks.

E 36252

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

3 1 E 36252

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., 21-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Miles

(a) RESIDENCE NO. 1405 Ward St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

6a If married, widowed, or divorced HUSBAND of or) WIFE of Grace Miles

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 29 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer) 22

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Addison Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 19, 1928, to Aug. 4, 1928, that I last saw him alive on Aug. 4, 1928, and that death occurred, on the date stated above, at 1.05 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith M. D.

8-4-1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL 8/7 1928

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hamburg St.

Spec.—12-9-36—A Co.—200 Blks.

E 36253

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

71-001 E 36253

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Sinai Hospital St., 6—9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Goodman

(a) RESIDENCE NO. 2057 N. Caroline St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 35 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | M |

5a If married, widowed or divorced HUSBAND of (or) WIFE of Sarah Goodman

6 DATE OF BIRTH (month, day, and year) 1870

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 58 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER M Kamm

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Kamm

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Sarah Goodman

(Address) 205 N Caroline St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to Aug. 5, 1928, that I last saw h.m alive on Aug. 5, 1928, and that death occurred, on the date stated above, at 4.15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebro Pachy Meningitis Encephalitis ?

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

8/5, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rel Cemetery Date of Burial 8/5 19 28

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto

CHARLTON JONES, M. D.

AUG 7 1928

K D K

Cor.—12-9-25—A Co.—200 Bks.

E 36254

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36254

36254

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred. C. Bierman

(a) RESIDENCE NO. 409 Lincoln Place St. N. Y. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 1905.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 23. | 6. | 26. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germa. ~~Baltimore~~

PARENTS

10 NAME OF FATHER G. H. Bierman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germa.

12 MAIDEN NAME OF MOTHER Julia Lowa.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germa

14 Informant

(Address) 409 Lincoln Pl. Brooklyn

15 Filed 10

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot. Skull.

Suicide by jumping from window 4 st. H. 4

while suffering with temporary mental

aberration & delirium

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Aged (Signed) Wm. T. Riley, M. D.

(Coroner)

19 (Address) 1627 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N. Y. Date of Burial July 1928

20 UNDERTAKER Geo A. Farley.

ADDRESS 1806 Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

E 36255

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

194 E 36255

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1909 Annapolis St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Hines

(a) RESIDENCE NO. 1909 Annapolis St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 7th 1928

7 AGE — Years 1 Months 28 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country)

PARENTS

10 NAME OF FATHER Robt. L. Hines

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Fla.

12 MAIDEN NAME OF MOTHER Mildred Barton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs. Mildred Hines

(Address) 1909 Annapolis Ave not Nurses

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Signed Wm. B. Norton M. D.

(Coroner)

Aug 5 1928 (Address) Curtis Bay

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 8/8 1928

20 UNDERTAKER: William Cook — ADDRESS: 501 E Nash

Spec.—1-10-21—MAT—1500 Blks.

# E 36256 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36256

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (ST.,) (WARD) 29-43

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Dominick Kables

(a) RESIDENCE (Usual place of abode) No. 5505 [illegible] Ave ST., GLEN OAK. WARD

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Kables

6 DATE OF BIRTH (month, day, and year): Nov 22, 1892

7 AGE — Years: 35 — Months: 8 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Alexander Dominick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: John Kables husband

(Address) 5505 Glen Oak Ave

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/23/ 1928, to 8/4 1928, that I last saw her alive on 8/4 1928, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, endocarditis

(duration) yrs. 9 mos de.

CONTRIBUTORY (Secondary)

Pyelonephritis (duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. F. Buckner, Jr., M. D.

8/4, 1928 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood. DATE OF BURIAL: Aug 7. 1928

20 UNDERTAKER: Mc Mc John W. Teufel & Son ADDRESS: 801 W. Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36257

E 36257

CERTIFICATE OF DEATH.

REGISTERED NO. 9

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital Ward) 1-3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mitchell

(a) RESIDENCE NO. 702 Montford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W Lite | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 27

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER George Mitchell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Tucker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant George Mitchell

(Address) 702 Montford

15 Filed....., 19 C. H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

Aug 5 1928 (Signed) Geo Chester Glades M. D. (Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Aug 6 1928

20 UNDERTAKER Frank Cross & Son ADDRESS Woodland

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36258

REGISTERED NO. E 36258

1-PLACE OF DEATH

City of BALTIMORE: (No. 1413 Morrison Ct Curtis Bay St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald E. Stroh

(a) RESIDENCE NO. 1413 Morrison Ct Curtis Bay St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 9 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25th 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | | 7 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Fred. G. H. Stroh

11 BIRTHPLACE OF FATHER (City or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Leona A. Peregoy

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Fred. G. H. Stroh (Father)

(Address) 1413 Morrison Ct. Curtis Bay Md.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4th 28 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1928 to Aug 4th, 1928, that I last saw h[illegible] alive on Aug 3rd, 1928 and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Diarrhoea and Vomiting

(duration) 1 yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinically

(Signed) [illegible], M. D.

, 19 (Address) 340 S. Eden

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Cedar Hill Cemetery | aug 6th 1928 |
| 20 UNDERTAKER Lilly & Zeiler Inc. | ADDRESS 403 S. Wolfe St. |

Very Important. See instructions on reverse side.

Spec.—1-10-21 M&T 1500 Blks.

E 36259

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

45 E 36259

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Taylor Ave ST., 27-43 WARD)

2-FULL NAME Mary Elizabeth Holste

(a) RESIDENCE No. 3205 Taylor Ave. ST.. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 20-1853

| 7 AGE | Years | Months | Days 13 | If LESS than 1 day, ..... hrs or .... min. |
|---|---|---|---|---|
| | 74 | 7 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Adam Busshemer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fred Holste (son)

(Address) 3205 Taylor ave.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1928, to August 3, 1928, that I last saw h.. alive on August 1, 1928, and that death occurred, on the date stated above, at 4.35 A m.

The CAUSE OF DEATH* was as follows:

Ca carcinoma, rectal

(duration) 2 yrs. (?) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. M. Bacon M. D.

8/3, 1928 (Address) Parkville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL aug 6th 1928

20 UNDERTAKER Lilly + Zeiler Inc.

ADDRESS 1103 N. Wolfe St

spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36260 E 36260

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 Essex ST., 1 WARD)

REGISTERED NO. 194 1-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Susie Revell

(a) RESIDENCE No. 2237 Essex ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Revell

6 DATE OF BIRTH (month, day, and year): Sept. 22nd 1868

7 AGE: Years 59 | Months 11 10 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Geo. Houseman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Westby ann Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: William Revell (Husband)

(Address): 2237 Essex St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1927 to Aug. 4 1928

that I last saw her alive on Aug. 3 1928

and that death occurred, on the date stated above, at 4.45 P.m

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Nephritis

Bronchiectasis

(duration) 7 2/3 yrs. mos ds.

CONTRIBUTORY (Secondary): Heat prostration

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lippay, M. D.

19 (Address) 432 S. Patterson Pk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemty

DATE OF BURIAL: aug 7th 1928

20 UNDERTAKER: Lilly & Julien bro.

ADDRESS: 403 S. Wolfe St

pec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36261

## CERTIFICATE OF DEATH.

E 36261

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Severn Apartments ST. 11-24 WARD 7 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morton Castor Stout

(a) RESIDENCE NO. The Severn Apartments ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. - mos. - ds. How long in U. S., If of foreign birth? 61 yrs. 10 mos. 12 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate E.Stout

6 DATE OF BIRTH (month, day, and year) Sept-24-1866

| 7 AGE | Years | Months | Days // | If LESS than 1 day, ... hrs. or ... min |
|---|---|---|---|---|
| | 61 | 10 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Tailoring

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

PARENTS

10 NAME OF FATHER Charles W.Stout

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Penna.

12 MAIDEN NAME OF MOTHER Helen Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Penna.

14 Informant Mrs.Kate E.Stout (wife)

(Address) The Severn Apartments.City.

15 Filed ... , 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 19 28, to Feb 2, 19 28, that I last saw h... alive on Feb 2, 19 28 and that death occurred, on the date stated above, at ... m

The CAUSE OF DEATH* was as follows:

Cancer of Bladder (Chron.)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? cystoscope

(Signed) Geo Walker, M. D.

, 19 (Address) 12 Centre St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hatboro, Penna. ~~Lorraine Cemetery~~ DATE OF BURIAL Aug-7-28 19

20 UNDERTAKER ADDRESS

STEWART & MOWEN COMPANY

ec.—2-29-28—L. F. S.—600 Bks.

165-24

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36262

## CERTIFICATE OF DEATH

16-002

E 36262

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 3-8 WARD)

2—FULL NAME Joseph Mikutaicis

(a) RESIDENCE NO. 921 E Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 12/6/1927

AGE Years: Months 7 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Antone Mikutaicis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Blazak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records -
(Address)

15 Filed, 19 Reg Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 3, 1928, that I last saw him alive on Aug 3, 1928, and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia - bronchial

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Stool path & autopsy

(Signed) Lyman Mank M. D.

Aug 3, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 8/6 1928

UNDERTAKER: Mrs Fiaczowski

ADDRESS: 1618 Eastern

ec.—1-13-27—M&T—500 Bks.

36263

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36263

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 S. Bond ST., 34 WARD)

REGISTERED NO. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mieczyslaw Marcinko

(a) RESIDENCE NO. 414 S. Bond ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/13/1928

7 AGE: Years | Months 7 8 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Stefan Marcinko

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Anna Bagnicka

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant Anna Marcinko (Address) 414 S. Bond

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 4th, 1928 to Aug. 5th, 1928

that I last saw him alive on Aug 4th, 1928

and that death occurred, on the date stated above, at 6:25 P m.

The CAUSE OF DEATH* was as follows:

(a) Diarrhea

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) marasmus

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L Libman, M. D.

8-6, 1928 (Address) 308 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

UNDERTAKER M. Fiaschetti

DATE OF BURIAL Aug 6 1928

ADDRESS Essex

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36264

## CERTIFICATE OF DEATH.

E 36264

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 1-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie Shell Johnson

(a) RESIDENCE NO. 617 N. Bond st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Edmund Johnson

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 21 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Presser

(b) General nature of industry, business, or establishment in which employed (or employer): D 40

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Ollie Shells

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Fannie Rasbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to Aug. 2, 1928, that I last saw her alive on Aug. 2, 1928, and that death occurred, on the date stated above, at 10.05 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis-acute.

(duration) Unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith M. D.

8-3 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury

DATE OF BURIAL: Aug 6 1928

20 UNDERTAKER: John W Henderson

ADDRESS 1402 E Monument

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36265

## CERTIFICATE OF DEATH.

46 E 36265

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 824 Greenmount Ave ST., (WARD) 10-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizebeth Lambert

(a) RESIDENCE NO. 824 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Lambert

6 DATE OF BIRTH (month, day, and year) 3-1-1877

7 AGE: Years 51 | Months 5 | Days 7 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Jemima [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Ruth Bynes

(Address) 819 Milton St

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3 1928

17

I HEREBY CERTIFY, That I attended deceased from Oct, 1926, to Aug 1, 1928.

that I last saw h[illegible] alive on Aug 1, 1928.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) 1 1/2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) A. L. Hornstein, M. D.

8/3, 1928 (Address) 703 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary Cemy Howden. DATE OF BURIAL: Aug 6 1928

20 UNDERTAKER: George J Ruth ADDRESS: 1735 Harford Ave

pec.—1-12-23—M&T—500 Bks.

E 36266

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 36266

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Gorsuch ave ST., 9-44 WARD)

2-FULL NAME Dr. Horace J. Westbrook.

(a) RESIDENCE No. 1618 Gorsuch ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth A Westbrook.

7 DATE OF BIRTH (month, day, and year): Sept 22. 1862

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 65 | 10 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Doctor.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): New Jersey.

PARENTS

10 NAME OF FATHER: Charles Westbrook.

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey.

12 MAIDEN NAME OF MOTHER: Ann Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey.

14 Informant: Mrs. Elizabeth Westbrook. (Address) 1618 Gorsuch ave.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug-4- 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1- 1928, to Aug 4- 1928, that I last saw him alive on Aug 4 1928, and that death occurred, on the date stated above, at 4 P m

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Gill Hall, M. D.

Aug 6 1928 (Address) 1631 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Aug. 1928

20 UNDERTAKER: George L. Ruth

ADDRESS: 1735 Harford ave

ec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36267

## CERTIFICATE OF DEATH.

E 36267

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 12-20

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Hawkins

(a) RESIDENCE No. 1807 Mad. Ave ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col. | Single Widower |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Hawkins

6 DATE OF BIRTH (month, day, and year) 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-26, 1928, to 8-7, 1928, that I last saw him alive on 8-7, 1928, and that death occurred, on the date stated above, at 5:45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis chr

Unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Phys. or Laboratory

What test confirmed diagnosis?

(Signed) ..... M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. | DATE OF BURIAL Aug 10 1928

20 UNDERTAKER Wm J. G. Locke | ADDRESS 1302 E. Jefferson

—1-12-23—M&T—500 Bks.

# E 36268 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 36268

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7347 Penn St. WARD 15-59

2-FULL NAME Claude Boyle Bowie

(a) RESIDENCE NO. 7347 Penn St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: —

DATE OF BIRTH (month, day, and year): Feb 26, 1915

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 13 | 4 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Elredge Bowie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ly. Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Elredge Bowie 7347 Penn Ave

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1928, to Feb 28, 1928, that I last saw h. alive on Feb 28, 1928, and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) A. [illegible] M. D.

, 19 28 (Address) 924 Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Co Md

DATE OF BURIAL: 8/6 1928

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pennsylvania

c.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36269

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS

90

E 36269

1-PLACE OF DEATH

CITY OF BALTIMORE: (No ~~William Mason~~ ST., WARD) 14-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mason

(a) RESIDENCE NO. 549 Laurens ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Col. | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Not given~~ Harriett

DATE OF BIRTH (month, day, and year) 1865

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs or min. |
|---|---|---|---|---|
| 63 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robt Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant BALTIMORE CITY HOSPITALS

(Address) [redacted]

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 - 2 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-27, 1928, to 8-2, 1928

that I last saw this alive on 8-2, 1928

and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chr. + acute Myocardial Insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis, Hypertension (duration) ~~unknown~~ unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Physical Examination

(Signed) [signature] M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery.

DATE OF BURIAL 8/6 1928

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

...ec.—1-12-23—M&T—500 Blks.

E 36270 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36270

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hosp. REGISTERED NO. 23

CITY OF BALTIMORE: (No. 29 ST. 29 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite Guthrie

(a) RESIDENCE No. 1323 W. Balto. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 2-14-1927

8 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 5 | 20 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Earnest Guthrie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury Md.

12 MAIDEN NAME OF MOTHER Dorothy Braverman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mother (Address)

15 Filed ..... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to Aug 4, 1928, that I last saw h M alive on Aug 4, 1928 and that death occurred, on the date stated above, at 3 05 Pm

The CAUSE OF DEATH* was as follows:

Encephalitis (?)

over

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace Woodworth, M. D.

8/4, 1928 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem DATE OF BURIAL Aug 7 1928

20 UNDERTAKER Robert Brooks & Son ADDRESS Baltimore Hollins st

Cor.—12-9-25—A Co—200 Bks.

E 36271

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

197

E 36271

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 14-20 Ward).

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Crawford ( Hutchins).

(a) RESIDENCE NO. 1419 N. Fremont Ave., St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Negro | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Crawford.

6 DATE OF BIRTH (month, day, and year) March 5, 1890.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | 4 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown.

14 Informant Forence Butler( Aunt).

(Address) 1304 Etting St.

15 Filed _____ 19____ _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Revolver wound of abdomen,
Homicide.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Peritonitis.

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Eugene Gilden (Coroner) M. D.

8/4/ 19 28 Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cmtry Date of Burial 8/6 19 28

20 UNDERTAKER John H Owens ADDRESS 538 Dolphin st

pec.—1-12-23—M&T—500 Blks.

E 36272 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 36272

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 19-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... WARD)

2-FULL NAME Lucille Nelson

(a) RESIDENCE No. 211 N. Lakewood St., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE: Years: 32 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): O/O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas Ridgely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Biggie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: BALTIMORE CITY HOSPITALS [redacted] (Address)

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-3 1927

17 I HEREBY CERTIFY, That I attended deceased from 8/17, 1927, to 8/3, 1927, that I last saw h[illegible] alive on 8/3, 1927, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

T.B. of Pleura

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) R. M. Wood, M. D.

8-3, 1927 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: Aug 6 1927

20 UNDERTAKER: Jno. H. Dawson — ADDRESS: 1[illegible] Madison

1927 HARRISON JONES, M.

c.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36273 E 36273

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital ST., 22-30 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hazel Whitelow

(a) RESIDENCE No. 610 W. Conway st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 1910

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 18 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dancer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

PARENTS

10 NAME OF FATHER Robert Whitelow

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Hattie Whitelow

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to Aug. 2, 1928, that I last saw h e alive on Aug. 2, 1928, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. Clinical & Path.

(Signed) Henry C Smith, M. D.

8-3-28, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion

DATE OF BURIAL 8-6 1928

20 UNDERTAKER Joseph A Lively

ADDRESS 409 N Mount St

Cor.—12-9-25—A Co.—200 Bks.

E 36274

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001 E 36274

1-PLACE OF DEATH

City of BALTIMORE: (No. John's Hopkins Hospital Ward) 7-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Sperber

(a) RESIDENCE NO. 533 N. Caste St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~(a) Wife of~~ (b) Husband of: Henry Sperber

6 DATE OF BIRTH (month, day, and year): Dec 18 81

7 AGE: Years 47 Months 6 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) German

PARENTS

10 NAME OF FATHER Henry Herzinger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger.

14 Informant Henry Sperber

(Address) 533 N. Caste

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

All 5/28 (signed) Geo. Edmund Blake M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltolens Date of Burial 8/7 1928

20 UNDERTAKER: Philip Hennig ADDRESS 2016 Orleans St

...c.—2-29-28—I. F. S.—500 Bks.

E 36275

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1928

E 36275

REGISTERED NO. 7-13

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1025 N. Washington ST., (WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Biddison

(a) RESIDENCE NO. 1025 N. Washington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced (or) WIFE of: Geo. H. Biddison

DATE OF BIRTH (month, day, and year): May 7/59

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 2 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER: Jacob Fink

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Geo. H. Biddison

(Address) 533 N. Washington

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4/28

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Aug 4, 1928, that I last saw her alive on Aug 2 1928 and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Excessive heat

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O W Whitehead M. D.

8/4, 1928 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Aug 6 1928

20 UNDERTAKER: Philip Herring — ADDRESS: 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

Deberry

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36276

## CERTIFICATE OF DEATH.

188-203

E-36276

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Balto City Hospital Ward 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earnest Deberry

(a) RESIDENCE NO. 1712 E Eager St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Deberry

6 DATE OF BIRTH (month, day, and year): Oct 3 1896

7 AGE: Years 31 Months 10 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer: Bath. Steel Co,

9 BIRTHPLACE (city or town)

(State or country): Tennessee

10 NAME OF FATHER: John Deberry

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Tennessee

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

PARENTS

14 Informant: Mary Deberry

(Address) 1720 E Eager St

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 2 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Crushed Chest & internal organs when auto in which he was riding turned over on him (duration) ..... yrs. ..... mos. 5 Min

CONTRIBUTORY (Secondary) (Balto Co)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James Lawson M. D.

(Coroner)

8/6, 1925 (Address) 700 Chauncey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Date of Burial Aug 6 1925

20 UNDERTAKER: Mrs R. A. Elliott ADDRESS 1711 Eastern Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36277

## CERTIFICATE OF DEATH. 14-001 E 36277.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Lakewood Av ST.: 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia King

(a) RESIDENCE. NO. 405 N. Lakewood Av ST.:

(Usual place of abode) WARD.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. King

6 DATE OF BIRTH (month, day, and year) Feb. 22nd, 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 5 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Thomas Staff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pat Kinnon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Thos. Allen (Address) 405 N. Lakewood Ave.

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1928, to Aug. 4th, 1928, that I last saw her alive on Aug. 4th, 1928, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent D. Sooka M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 8/7 1928

20 UNDERTAKER E. J. Fanning & Son — ADDRESS 1358 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

36278

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36278

## CERTIFICATE OF DEATH.

188-143

REGISTERED NO. 12-511

1-PLACE OF DEATH

City of BALTIMORE: (No.) Union Memorial Hospital (St.) (Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Stansbury

(a) RESIDENCE NO. 403 Precipice St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 6 - 1922

7 AGE: Years 5 Months 10 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER James B Stansbury

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Stansbury

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Mary Stansbury

(Address) 403 Precipice St

15 Filed ....., 19.... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Injuries from Auto Accident

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) D. Lee Morrison M. D. (Coroner)

8/6 19 7 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Marys Cem Aug 6 1928

20 UNDERTAKER ADDRESS

Wm Cook 502 E Hallad

Cor.—12-9-25—A Co.—200 Bks.

E 36279

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

89 E 36279

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3917 Fait ave St., 26 Ward) 37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank W Jacoby

(a) RESIDENCE NO. 3917 Fait ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7 1877

7 AGE — Years: 51 — Months: 6 — Days: 28 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Street Cleaning Commissioners

(c) Name of employer: City Balto City

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER: Fred. Jacoby

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Martha Ruff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mrs. Matilda Kensler

(Address) 3917 Fait ave

15 Filed..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Coronary Embolism

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Anaemia Heart

(duration) ..... yrs. ..... mos. 2 hrs.

(Signed) James M Hunter M. D.

8/6 1928 (Address) 700 N Eutaw James M Hunter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetary — Date of Burial: Aug 8 1928

20 UNDERTAKER: George W. Zirkler — ADDRESS: 1737 E. Eager St.

c.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36280

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

1/8-001 E 36280

CITY OF BALTIMORE (No. University Hospital (ST.) 20 (WARD) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand Georg Plitt

(a) RESIDENCE No. 131 Loudon Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida N. Stein

DATE OF BIRTH (month, day, and year): Dec 2nd 1862

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 8 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Ludwig Plitt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Custer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ida N. Plitt

(Address) 131 Loudon Av

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 4 1928

17 I HEREBY CERTIFY, That I attended deceased from July 27, 19 28, to Aug 4, 19 28, that I last saw him alive on Aug. 4, 19 28, and that death occurred, on the date stated above, at 7 05 A m.

The CAUSE OF DEATH* was as follows:

1st Strangulated Inguinal Hernia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 27, 1928

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) F. C. Engelhardt M. D.

Aug 7, 19 28 (Address) 1131 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: Aug 10 19 28

UNDERTAKER: H. Kupfert

ADDRESS: 855 N. Balto St

c.—1-12-23—M&T—500 Bks.

E 36281

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36281

BALTIMORE CITY HOSPITALS CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. HAFER ST. 20 WARD) 69 REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hanzlek

(a) RESIDENCE NO. 2635 Harford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds. (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | Wid |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hanzlek

DATE OF BIRTH (month, day, and year) March 17-1868

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ~~60~~ | 60 | 4 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER John Hanzlek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Pach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Records BALTIMORE CITY HOSPITALS

15 Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-29, 1928, to 8-3, 1928, that I last saw h... alive on 8-3, 1928, and that death occurred, on the date stated above, at 4:40 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis - Chr

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) ..., M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Aug 6th, 1928

20 UNDERTAKER J. B. Hayward ADDRESS 855 N. Eutaw St

J. C. HAWSON JONES, M. D.

Spec.—1-10-24—M&T—1500 Blks.

# E 36282 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

117 E 36282

1-PLACE OF DEATH St Joseph Hosp. REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST.: 26-2 WARD)

2-FULL NAME George Reese.

(a) RESIDENCE NO. 138 S. Highland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Dorn

6 DATE OF BIRTH (month, day, and year) Feb 22-1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 5 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Sarah Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Dora Reese (Address) 138 Highland Ave

15 Filed ..... 6 1928 ..... 19 .. RLM Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 1928 to Aug 3 1928 that I last saw h in alive on Aug 3 1928 and that death occurred, on the date stated above, at 530 P.m.

The CAUSE OF DEATH* was as follows:

Appendicitis
Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H H Barraner M. D.

19 - (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn

DATE OF BURIAL Aug. 6 1928

20 UNDERTAKER S. Recktenwald

ADDRESS 922 Gilmor Ave

Spec.—7-10-28—MAT—1500 Blks

E 36283 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 36283

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Local Balto Gen Hosp ST., WARD)

2-FULL NAME Hilda E. Westinghousen

(a) RESIDENCE No. 1651 Hanover ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1923

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | 11 | 10 | 9 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry R. Westinghousen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Alma Krieswald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mrs Alma Westinghousen 1651 Hanover St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 12 M. 1928, to Aug 5, 1928, that I last saw her alive on Aug 5, 1928, and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

1 Intestinal Obstruction

2 Peritonitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William W. Chew, M. D.

19 (Address) Co Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's Cem. DATE OF BURIAL: Aug 8 1928

20 UNDERTAKER: Wm J Pickner Sons ADDRESS: North Ave

Spec. 7-17-26—A Co.—200 Bks.

E 36284

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36284

## CERTIFICATE OF DEATH

123

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St., 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary C. Barranger

(a) RESIDENCE NO. 213 W. Madison St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 7 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) John A. Barranger

6 DATE OF BIRTH (month, day, and year): Jan 28, 1850

7 AGE: Years 78 Months 6 Days 7 IF LESS than 1 day ...hrs. or ...min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Casper Nickols

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Catherine Krause

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Hospital Records

(Address)

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to August 4, 1928, that I last saw her alive on August 4, 1928, and that death occurred, on the date stated above, at 3:05 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Cholecystitis

Chr. Cholelithiasis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Localized Peritonitis and Septicaemia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8/1/28

Was there an autopsy? No. What test confirmed diagnosis? Clinical test.

(Signed) Chas. A. Gordon Ring, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Aug 7 1928

20 UNDERTAKER: Wm. J. Tickner & Sons ADDRESS: N. & Pa

G. HARPSON JONES, M. D.

6 - 1928

ec.—1-12-23—M&T—500 Blks.

E 36285

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001 E 36285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City - Hosp ST., 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Smith

(a) RESIDENCE No. 15 No Carolina ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unk

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 50 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bibley ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment Reynolds Address BALTIMORE CITY HOSP

15 Filed ....., 19 .... Registrar Rupe

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-7 1928, to 8-9 1928, that I last saw her alive on 8-9 1928, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) T. M. Hodge M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Antrim Cemetery DATE OF BURIAL Aug 6 1928

20 UNDERTAKER Chris. H. Johnson ADDRESS 617 N. Carolina St.

HARRISON JONES, M. D.

...—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36286
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

X 185 E 36286

REGISTERED NO. 12-51

CITY OF BALTIMORE: (No. U S Marine Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar V. Nix

(a) RESIDENCE No. Owens Mills. Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Eva. V. Nix

DATE OF BIRTH (month, day, and year) April 7, 1870

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 3 | 28 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Government.

BIRTHPLACE (city or town) (State or country) Kansas

10 NAME OF FATHER Manning L. Nix

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

PARENTS

14 Informant D. Tawney White

(Address) 2900 Reisterstown Road

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to Aug 4, 1928, that I last saw him alive on Aug 4, 1928, and that death occurred, on the date stated above, at 4:40 P. m.

The CAUSE OF DEATH* was as follows:

Fracture of Left Humerus

Od. Coroner J. J. Mooney over

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Gastric ulcer with hemorrhage (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Owens Mills Md

Did an operation precede death? yes (Od Trans Fem) Date of July 21 - Aug 1 - Aug 3 Aug 4

Was there an autopsy? yes

What test confirmed diagnosis? autopsy & clinical findings

(Signed) C. K. Williamson, M. D.

Aug 4 1928 (Address) U S Marine Hospital, Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Aug. 6, 1928

20 UNDERTAKER E. Leroy Staffler ADDRESS 125 E. North Ave.

1928 HARRISON JONES, M. D.

Cor.—12-9-25—A² Cc.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36287
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

X 43

REGISTERED NO. E 36287.

City of BALTIMORE: (No. Southern Hospital 12-50 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Mead

(a) RESIDENCE NO. Hyattsville, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 65 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant: Mr Joseph E Rose

(Address) Cottage City, Md.

15 Filed....., 19.....

Registrar

RLL

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, Autopsy or Inquiry)

thereon and from the evidence obtained by said Inquest

Autopsy or Inquiry and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of mouth & face.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John L Mowbray M. D.

Aug 6, 1928 (Coroner) (Address) 7 E 32 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. ..... mos..... ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hyattsville md — Date of Burial: Aug 6, 1928

20 UNDERTAKER: F Gracie Sons — ADDRESS: Hyattsville md

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36288

## CERTIFICATE OF DEATH

118-001

E 36288

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital ST., (WARD)

2-FULL NAME Charles Burton

(a) RESIDENCE No. 463 Fairview ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Annie V. Burton

6 DATE OF BIRTH (month, day, and year): July 2nd 1858

7 AGE: Years 70 Months 1 Days 1 If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of Industry, business, or establishment in which employed (or employer): Sand & Gravel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: William Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ann Calvert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hosp. Records

15 Filed ....., 19 .....

Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 3 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-3-28, 19 ..., to 8-3-28, 19 ...,

that I last saw h alive on 8-3-28, 19 ...,

and that death occurred, on the date stated above, at 2:55 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated hernia

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 8-3-28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St. Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Aug 7 1928

20 UNDERTAKER: Frederick Sasscer & Sons — ADDRESS: Frederick

AUG 8 1928 HARRISON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 36289

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36289

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Joseph's Hospital (Ward) 11-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Mack

(a) RESIDENCE NO. 1004 Mc Culloh St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE: Years 40 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Indianapolis Ind.

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Don't know.

14 Informant Mrs Mary Robinson

(Address) 1004 Mc Culloh St

15 Filed....., 19.... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) yrs. mos. ds.

Signed) , M. D.

8/7/28, 19 (Coroner) (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Indianapolis Ind. Date of Burial 8-6 1928

20 UNDERTAKER: Dennis Conlon ADDRESS 916 Ca ave

Cor.—12-9-25—A Co.—200 Bks.

E 36290

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36290

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hos St., 26 Ward) 12 9 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Hall

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE — Years: About 34 — Months — Days — IF LESS than 1 day.....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed....., 19.. JAMES C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Tuberculosis Nephritis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) ..... yrs. 2 mos. 4 ds.

(Signed) James M Fenton M. D. (Coroner)

(Address) 702 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. 1/2 ds.

Where was disease contracted, if not at place of death? Balto City Hos

Former or usual residence 1 1 1

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JAMES C. HAMPSON JONES, M. D. REGISTRAR OF VITAL STATISTICS BALTIMORE CITY HEALTH DEPARTMENT 1925

Per ..... THE MORGUE

Cor.—12-9-25—A Co.—200 Bks.

E 36291

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36291

## CERTIFICATE OF DEATH.

4-25

1-PLACE OF DEATH

City of BALTIMORE: (No. 126 Pearl St., Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Cherry

(a) RESIDENCE NO. 126 Pearl St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 10 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14 Informant.....

(Address)

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Gelbert, M. D.

(Coroner)

8/1/19 28 (Address) 2239 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner Health

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E 36292 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36292

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... ST. 23-37 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Eaton

(a) RESIDENCE No. 1704 Marshall ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | ~~Widowed~~ |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Mar. 9-1873

| AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 55 | 4 | 25 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Public School

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Samuel Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Carp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Wm. Goodrich
(Address) 1704 Marshall St.

15 Filed ....., 19 .....

1228 HARRISON JONES, M. D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-14, 1928, to 8-3, 1928,

that I last saw h~~im~~ alive on 8-3, 1928

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Brain Abscess Staphylococcus Cerebrum (Etiology Unknown)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Brain abscess

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical and Lab

(Signed) John B. E. Seegar, M. D.

, 19 (Address) 904 N Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery — DATE OF BURIAL Aug 7 1928

20 UNDERTAKER George L. Schwabe — ADDRESS 1911 Pitts. Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

(Clara Mitchell Fleitz)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36293 E 36293

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sunday Sanitarium ST.; Frederick Road (Catonsville) WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Clara Mitchell Fleitz

(Residence in Baltimore: No. Sunday Sanitarium St.; yrs., mos., ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) 19 (Day), 1869 (Year)

7-AGE, 59 yrs. 5 mos. 14 ds.

If LESS than 1 day, ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Penn

PARENTS.

10-NAME OF FATHER, John D. Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Jennie Bannon

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel M. Clyde

(Address) Scranton Penn

15-

Filed....., 1928 C. HAMPSON JONES, M. D. Registrar, 1928

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 5 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1928, to Aug 5 1928, that I saw h e alive on Aug 5 1928, and that death occurred, on the date stated above, at 11.10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Primary Hemorrhage cerebrum

Duration 2 days

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) yrs. mos. 6 ds.

(Signed) Alfred N. Brunsting M. D.

Aug 9., 1928 (Address) 1404 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. 5 mos. 13 ds.

Where was disease contracted, if not at place of death? Wellsboro Pa

Former or usual residence Wellsboro Pa

19-PLACE OF BURIAL OR REMOVAL, Wellsboro Penna DATE OF BURIAL, Aug 7, 1928

20-UNDERTAKER John D. Mitchell Sons ADDRESS Frederick Road

Spec.–7-17-26–A Co.–200 Bks.

E 36294

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36294

## CERTIFICATE OF DEATH

118-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St., 12 Ward) 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Kerwan

(a) RESIDENCE NO. 2316 Eutaw Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 29- 1868

7 AGE — Years: 59 Months: 9 Days: 5

IF LESS than 1 day ... hr. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: John Kerwan

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Jane Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Record

(Address)

15 Filed ..., 19... Registrar

C. HARRISON JONES, M. D.

AUG 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 4 1928 to Aug 4 1928

That I last saw ... alive on Aug 4 1928

and that death occurred, on the date stated above, at 8 55 P m.

The CAUSE OF DEATH* was as follows:

Strangulated left femoral hernia with gangrene & perforation of intestine -

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Anemia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death? 2316 Eutaw Place -

Did an operation precede death? Yes Date of 8/4/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical + operative -

(Signed) ..., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Aberdeen Md Date of Burial: Aug 6. 1928

20 UNDERTAKER: John Ottinchell & Sons ADDRESS: Eutaw & Lan

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36295

## CERTIFICATE OF DEATH.

194

E 36295

REGISTERED NO. 7-13

1-PLACE OF DEATH

City of BALTIMORE: (No. 1714 Barnes St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Downings

(a) RESIDENCE NO. 1714 Barnes St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | colored | widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Josie Barnes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Susan Spriggs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Family

(Address) 1714 Barnes St

15 Filed ..... 19 .....

Registrar

APP

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 2 1928 to Aug 4 1928

that I last saw h[illegible] alive on Aug 3 1928

and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension heart

Indigent (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J Edward Fisher, M. D.

8-6. 1928 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Ashburn Cemetery Aug 7 1928

20 UNDERTAKER ADDRESS

Robert E Williams 1515 McElderry St

Spec.—1-12-23—M&T—500 Blks.

E 36296 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36296

CERTIFICATE OF DEATH.

REGISTERED NO. 27884

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6111 Pimlico Road ST., WARD 27-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Jones.

(a) RESIDENCE No. 6111 Pimlico Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Jones

6 DATE OF BIRTH (month, day, and year) April 10th. 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min |
|---|---|---|---|---|
| | 42 | 3 | 25 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Kearns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Roche

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant James H. Jones. (Address) 6111 Pimlico Road.

15 Filed ... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4th. 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 1928 to Aug 4 1928 that I last saw h alive on Aug 4 1928 and that death occurred, on the date stated above, at 4 30 m

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William G. Dunn M. D.

8/5 1928 (Address) 3601 Fairview Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery. DATE OF BURIAL 8/7/28 19

20 UNDERTAKER Chas. S. Frank & Son ADDRESS 1810 W. Royal Ave

Spec.—1-12-23—MAT—500 Blks.

Mary Grocka

Wh. F.

E 36297

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36297

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 26-3/2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Grocka

(a) RESIDENCE NO. 602 S. Bouldin st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Benj. Grocki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Grocka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Records (Address)

15 Filed Aug 6, 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to Aug. 3, 1928, that I last saw her alive on Aug. 3, 1928, and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith M. D.

8-3-, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem

DATE OF BURIAL 8 1928

20 UNDERTAKER Gibson McWeber

ADDRESS 404 E. Chase

TION IS very important. Be accurate.

Spec.—1-12-23—M&T—500 Blks.

Dillon

E 36298

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36298

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Dillon

(a) RESIDENCE No. No address ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER John Dillon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Esther ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed , 19 H. MYERSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to Aug. 5, 1928, that I last saw him alive on Aug. 5, 1928, and that death occurred, on the date stated above, at 2.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab.

(Signed) Henry C Smith M. D.

8-5, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 8/6 1928

20 UNDERTAKER John J. Fahey Son — ADDRESS 631 Light St

IRON is very important. See instructions on reverse side.

Cor.—12-9-25—A Co.—200 Bks.

E 36299

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36299

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. J. H. Hospital St.) Ward 13

2-FULL NAME Edna S Mason

(a) RESIDENCE NO. 828 N Bway St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Mason

6 DATE OF BIRTH (month, day, and year) 1886

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Asst

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C & P Tel Co

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Theodore Comer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Clara Comer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant John Mason

(Address) 828 N Broadway

15 Filed _____ 19____ _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1928

17 I HEREBY CERTIFY, That I viewed the remains described above, held an Autopsy (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Pneumonia

Hg Cl2

(Duration) ____ yrs. ____ mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ____ yrs. ____ mos. 1 ds.

12/5/28 Filed G E Blake M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Date of Burial Dec 8 1928

20 UNDERTAKER Robert Brooks & Son ADDRESS Eutaw & Lafayette

Spec.–7-17-26—A Co.—200 Bks.

E 36300

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36300

## CERTIFICATE OF DEATH

71-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 12-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael F. Adams

(a) RESIDENCE NO. 2280 Linn Spwy St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs M F. Adams

6 DATE OF BIRTH (month, day, and year) 1884

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 44 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Superintendent drydock

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Chas Adams

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Veronica Hess

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Hosp. Record

(Address)

15 Filed ....., 19.... C. HAMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8—5 1928

17 I HEREBY CERTIFY, That I attended deceased from 7—5, 1928, to 8—5, 1928

that I last saw him alive on 8—5, 1928

and that death occurred, on the date stated above, at 4.56 P. m.

The CAUSE OF DEATH* was as follows:

Suppurative Parotitis

following tooth extraction

(duration) yrs. mos. 4½ ds.

CONTRIBUTORY (Secondary) meningitis (no organism isolated in lp. fluid)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? yes Date of 7/5 7/11 7/27/1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Dan Atwater, M. D.

(Address) 8/6 Md Gen Hosp

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

Date of Burial 8/8 1928

20 UNDERTAKER J. Foley & Sons

ADDRESS 1318 Light St

Very important: Use indelible pencil

...--2-29-28—L. F. S.—500 Bks.

36301

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36301

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 2-1-29 WARD)

2—FULL NAME Marian Watson

(a) RESIDENCE NO. 1123 Ridgely ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | infant |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 27, 1928

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 4 | 10 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER George L. Lasher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Gladys Marsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Sydenham Hosp Records

(Address)

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Aug 6, 1928.

that I last saw h.e alive on Aug 6, 1928

and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam + Symptoms

(Signed) H. Friedman, M. D.

8/6, 1928 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cem

DATE OF BURIAL Aug. 7th 1928

20 UNDERTAKER Joseph B Cook

ADDRESS 1007 West Baltimore St.

E-1-12-23—M&T—500 Blks.

E 36302

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36302

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 1 Baltimore ST., WARD) 21-37

REGISTERED NO. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Penaker

(a) RESIDENCE No. 1624 Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of
or) WIFE of Annie Penaker

DATE OF BIRTH (month, day, and year) October 2, 1880

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 10 | 3 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Factory work

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Penaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Paulina Burwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bertha Penaker

(Address) 1624 Bruce St

15 Filed 8/6, 1928 Registrar

HARRISON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-5-1928

17 I HEREBY CERTIFY, That I attended deceased from 7-25, 1928 to 8-5, 1928

that I last saw him alive on 8-5, 1928

and that death occurred, on the date stated above, at 4 01 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial failure Acute Alcoholic Delirium

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Friedman M.D.

8/6, 1928 (Address) 1 N Lime St. Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL Aug 8 1928

20 UNDERTAKER Joseph B Cook ADDRESS 1003 West Lexington St.

Cor.—12-9-25—A Co.—200 Bks.

E 36303

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36303

## CERTIFICATE OF DEATH.

REGISTERED NO. 194 19-27

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Jos. Hosp St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo F. Mac Miller

(a) RESIDENCE No. 5036 Fulton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Mac Miller

6 DATE OF BIRTH (month, day and year): Oct 19th 1870

7 AGE: Years 57 Months 10 Days 17

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer's): B & O R.R. Co

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo Mac Miller

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine M. Lee.

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md

14 Informant: Margaret Mac Miller

(Address): 505 N. Fulton Ave

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(Duration) ..... yrs. ..... mos. 1 Day

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 day

Aug 5/28 Signed G C Heiss M. D.

(Coroner)

, 19 (Address) 143 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loraine Cemetery Date of Burial Aug 8th 1928

20 UNDERTAKER: H. S. Whitehurst ADDRESS: 850 W Fayette St

THOMPSON JONES M. D.

c.—1-12-23—M&T—500 Bks.

36304

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36304

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 810 (St.) Union Ave (WARD) 13-52

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie J. Weaver

(a) RESIDENCE No. 810 (St.) Union ave (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Weaver

DATE OF BIRTH (month, day, and year) Dec. 15/1851

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76. | 7. | 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) Balto city (State or country) Md.

10 NAME OF FATHER Francis Boston.

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mr Howard Shanck. (Address) 810 Union ave.

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6. 1928

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 1928, to Aug 6 1928, that I last saw her alive on Aug 6 1928 and that death occurred, on the date stated above, at 4 30 P. m

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

8/6, 1928 (Address) 810 Union Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Humpden — DATE OF BURIAL 8/8. 1928

20 UNDERTAKER J. Walter Davis — ADDRESS 330 Paine St

...e.—1-12-23—M&T—500 Blks.

E 36305

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36305

## CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Dellwood ST., 13-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W. Lewis Jr.

(a) RESIDENCE NO. 1300 Dellwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 1, 1915

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 12 | 10 | 3 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James W. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Della Belt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant James W. Lewis Jr. (Address) 1300 Dellwood Ave.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to Aug 4, 1928.

that I last saw him alive on 8/4, 1928

and that death occurred, on the date stated above, at 10 13 P. m

The CAUSE OF DEATH* was as follows:

Acute Yellow Atrophy of Liver. Hemorrhages.

(duration) ... yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Ch. Hypertrophic Gastritis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

8/4, 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ex. Mary Hampden — DATE OF BURIAL Aug. 7 1928

20 UNDERTAKER Horace F. Burgee — ADDRESS 3651 Falls Rd.

1928 C. HAMPSON JONES, M.D.

Spec.—8-24-14—M. & T.—2000 Bks.

Swann

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36306 E 36306

## CERTIFICATE OF DEATH.

REGISTERED No. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108½ Stanley Rd St.; 27-53 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Swann.

(Residence in Baltimore: No. 108½ Stanley Rd St. 35 yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan 1 (Month) (Day), 1853 (Year)

7-AGE, 75 yrs. 7 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Prince Geo Co

PARENTS.

10-NAME OF FATHER, George Swann

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Swann.

(Address) 108 Stanley Rd

15-

C. HAMPSON JONES, M. D.

Filed, 1918 191 Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, August 6 (Month) (Day), 1918. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1918, to Aug 8 1918, that I saw him alive on July 15 1918, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Hypertension. Cardiac hypertrophy. Chronic Interstitial nephritis.

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Aug 8, 1918 (Address) 1526 Orleans St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Carroll Chapel Cem. Co. DATE OF BURIAL, Aug. 8, 1918.

20-UNDERTAKER Horace F. Burgee ADDRESS 363 Fallsway

pec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36307

## CERTIFICATE OF DEATH.

129

E 36307

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 Madison Ave WARD) 12-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kelly

(a) RESIDENCE NO. 2334 Madison Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Kelly

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N C

PARENTS

10 NAME OF FATHER: Reuben Sutherland

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C

12 MAIDEN NAME OF MOTHER: Mary Clyde

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Wm F Sutherland

(Address): 2334 Madison Ave

15 Filed ....., 19 ..... Registrar: R.H.K.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to Aug 5, 1928, that I last saw h alive on Aug 5, 1928, and that death occurred, on the date stated above, at 8-0 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ....., M. D.

....., 19 28 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Henderson N C — DATE OF BURIAL: Aug 7 1928

20 UNDERTAKER: A. E. Brown & Son — ADDRESS: Wilson N C

1928 CHARLES JONES M D

...-2-29-28—L. F. S.—500 Bks.

Dr Gordy 4218 Harford Rd
Hamilton 7078

# 36308

## HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

16-002

REGISTERED NO. E 36308

1—PLACE OF DEATH 348 E. Federal St.

CITY OF BALTIMORE; (No.) Barclay & Federal ST., 12-19 WARD)

2—FULL NAME Milton L Harris

(a) RESIDENCE NO. Barclay & Federal ST.

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 19, 1927

7 AGE: Years 10 Months 9 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lutz Md

10 NAME OF FATHER: Milton L Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Almeda Middleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lutz Md

Informant: Milton L Harris

(Address) Barclay & Federal

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5. 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1928 to Aug 5 1928; that I last saw him alive on Aug 5 1928; and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute (Bacillary) Ileo-Colitis

CONTRIBUTORY (Secondary) (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy M. D.

Aug 6, 1928 (Address) 4218 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: 8/7 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 702 E Lafayette Ave

c.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36309

E 36309

## CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH Union Memorial Hospital 27-23

CITY OF BALTIMORE: (No. ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward H. Morrison

(a) RESIDENCE No. 408 Woodlawn Rd ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ann E Morrison

DATE OF BIRTH (month, day, and year) July 8, 1855

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs or....min. |
|---|---|---|---|---|
| | 73 | 0 | 29 | |

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Boston
(State or country) Mass

10 NAME OF FATHER Wm A. Morrison

11 BIRTHPLACE OF FATHER (City or town) Portsmouth
(State or country) Mass

12 MAIDEN NAME OF MOTHER Mary Butler

13 BIRTHPLACE OF MOTHER (city or town) Falmouth
(State or country) Mass

14 Informant Hospital Records
(Address)

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Aug 6, 1928,
that I last saw him alive on Aug 6, 1928
and that death occurred, on the date stated above, at 6 10 A.m
The CAUSE OF DEATH* was as follows:

Carcinoma of larynx

(duration) 2 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/2/27

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) Wm N McFaul Jr, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 8/8 1928

20 UNDERTAKER H. M. Cook

ADDRESS 508 E. North Ave

c.—1-12-23—M&T—500 Blks.

E 36310

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36310

1-PLACE OF DEATH Union Memorial Hosp

REGISTERED NO. 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33d N Calvert ST.) WARD)

2-FULL NAME Mildred Louise Wade

(a) RESIDENCE No. 1528 W. Fayette ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 1 1928

| AGE Years | Months | Days 4 | If LESS than 1 day, hrs or min |
|---|---|---|---|
| | 2 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Stanley Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Thelma Childress

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant mother
(Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 19 28. to Aug 5, 19 28.

that I last saw h alive on Aug 5, 19 28

and that death occurred, on the date stated above, at 7 30 P m

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (Bilateral)
(Lower)

(duration) ... yrs. ... mos ? ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace Armstrong, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 8/7 1928

20 UNDERTAKER Wm Cook

ADDRESS 5032 Eastern Ave

FEB 1928 C. HAMPSON JONES, M. D.

e.—1-12-28—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36311

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 408 ST., WARD)

2-FULL NAME Mattie Pitts

(a) RESIDENCE NO. 408 ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Dennis Pitts

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va Eastern Shore

10 NAME OF FATHER: Smith Geddings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastern Shore Va.

12 MAIDEN NAME OF MOTHER: Nancy Nedans

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastern Shore Va.

14 Informant: Edward Lafoge

(Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): aug. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to aug 5, 1928, that I last saw h alive on aug 5, 1928, and that death occurred, on the date stated above, at 7.30A m.

The CAUSE OF DEATH* was as follows: Nervous Prostration

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): Work & Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) L. A. Wallen M. D.

, 19 (Address) 1511 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: aug 8, 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

ec.—1-12-23—M&T—500 Bks.

E 36312

# HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

## CERTIFICATE OF DEATH.

7/4-001 E 36312

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 660 Fremont ST., 17 WARD) 25

2-FULL NAME Harris T Booker

(a) RESIDENCE NO. 660 Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Colored | Widower |

a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Perry Booker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Boyton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ann Lawson (Address) 1514 McCulloh St

15 Filed , 19 RLK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1928, to Aug 4, 1928, that I last saw him alive on Aug 4, 1928, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - Cerebral Hemorrhage

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Hypertension & Age

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observed

(Signed) H. Lee Ellis, M. D.

, 19 (Address) 774 Mund Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Zion Cemetery | Aug 7, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mrs. Katie R. Williams | 322 N Schroeder St |

ec.—1-12-23—M&T—500 Bks.

36313

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36313

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (NO. [redacted] ST., WARD)

REGISTERED NO. 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Stanley

(a) RESIDENCE NO. none ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred all her life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | not given |

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 1861

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 67 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) ~~York Co~~ Md

PARENTS

10 NAME OF FATHER Sam Ford

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Eliza Shorter

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant (Address) [redacted]

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-9 . 1928 . to 8-4 . 1928 .

that I last saw her alive on 8-4 . 1928 .

and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Syphilis — Syphilitic ulcers

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab

(Signed) H. L. Black, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 8-7 1928

20 UNDERTAKER Daniel Easton

ADDRESS 916 Eutaw Pl

BALTIMORE CITY HOSPITALS

CHARLES H. JONES, M. D.

c.—1-12-23—M&T—500 Bks.

Lil 1631

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36314 E 36314

## CERTIFICATE OF DEATH.

90

20-7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Bentalou ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Garaty

(a) RESIDENCE NO. 17 N. Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| ale | White | Married |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Garaty

DATE OF BIRTH (month, day, and year) June

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baggage Master

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Garaty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Regan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Elizabeth Garaty (Address) 17 N. Bentalou St.

15 Filed ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5, 1928

17

I HEREBY CERTIFY, That I attended deceased from August 4th, 1928, to August 5th, 1928, that I last saw him alive on August 5th, 1928 and that death occurred, on the date stated above, at 3 P m

The CAUSE OF DEATH* was as follows:

Acute Dilitation of Heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

Signed Edw. O. Cowherd M. D.

8/9/28 (Address) 24 W. Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Aug 8 1928

20 UNDERTAKER Henry Heath Sons — ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 36315

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36315

## CERTIFICATE OF DEATH.

REGISTERED NO. 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George F. Reagan

(a) RESIDENCE NO. 3203 Beverly Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Reagan

6 DATE OF BIRTH (month, day, and year) Dec 25-1881

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 7 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sales Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Retail Dept

(c) Name of employer: Hecht Co Baltimore

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Michael Reagan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary McHale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Mc Hale

(Address) 1019 N. Edmondson Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug. 31 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to August 3, 1928, that I last saw h[illegible] alive on August 3, 1928, and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 25, 28

Was there an autopsy? Not

What test confirmed diagnosis? Physical Examination

(Signed) Jerrold D. Norwood M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 8/1 1928

20 UNDERTAKER: John A Moran

ADDRESS 3000 E. Balto

c.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36316

## CERTIFICATE OF DEATH

Dr. Schmuntz. 701 W. Lanwood ave

90 E 36316

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 415 N. Glover ST., 6 WARD)

2—FULL NAME Kuinguda Turvy.

(a) RESIDENCE NO. 415 N. Glover ST., 6 WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 71 yrs. 5 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate John H. Turvy.

ATE OF BIRTH (month, day, and year) Feb. 5th 1857

| AGE | Years | Months | Days 29 |
|---|---|---|---|
| | 71 | 5 | 1 |

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Joseph Leibertle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Straubley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Edw. V. Lilly.

(Address) 403 S. Wolfe St.

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4th 1928

17

I HEREBY CERTIFY, That I attended deceased from July 22 19 28 to Aug. 4 1928, that I last saw h[illegible] alive on Aug. 3 1928 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schmuntz, M. D.

July 7, 19 28 (Address) 701 W Lanwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Aug. 7th 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly & Zeiler Inc | 403 S. Wolfe St. |

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36317

## CERTIFICATE OF DEATH

44 E 36317

1-PLACE OF DEATH Maryland General Hosp. REGISTERED NO.

City of BALTIMORE: (No. Howard & Madison St., 25 (Ward) 63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Harvey

(a) RESIDENCE NO. 3900 Brooklin Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Harvey

6 DATE OF BIRTH (month, day, and year) June 10, 1853

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 75 | 1 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Hannam

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Parmelia Miller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant George D. Harvey

(Address) Merchantville, N. J.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1928

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to August 6, 1928, that I last saw her alive on August 6, 1928, and that death occurred, on the date stated above, at 11²⁰ A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder

(duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4/24/28

Was there an autopsy? No

What test confirmed diagnosis? Operation + Path

(Signed) H. K. Reinschneider, M. D.

Aug 6. 1928 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 8/8, 1928

20 UNDERTAKER Henry W. Mears & Son ADDRESS 805 N. Eutaw

Spec.—7-17-26—A Co.—200 Bks.

36318

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36318

## CERTIFICATE OF DEATH

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2420 Orleans St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Sahm.

(a) RESIDENCE NO. 2420 Orleans St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Samuel Sahm.

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE Years: About 73 years. Months: Days: IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (City or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Geo Buchsbaum

(Address) 2420 Orleans St

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 19 28

17 I HEREBY CERTIFY, That I attended deceased from March, 19 28, to Aug 6th, 19 28.

that I last saw her alive on Aug 6 th, 19 28.

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Sanke M. D.

. 19 (Address) 619 N. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial 8-9 19 28

20 UNDERTAKER: Bernard C Hahn ADDRESS 1000 E Fayette St

RMC.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36319

## CERTIFICATE OF DEATH.

100-001

E 36319
REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Monument St., 20-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gloria Lee Stewart

(a) RESIDENCE NO. 2607 Loretta St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 Color or Race Wh.

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1st 28

7 AGE Years — Months 4. Days 5

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Christian Stewart

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta Perina

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Christian Stewart

(Address) 2607 Lauretta av

15 Filed ....., 19..... CLARKSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6 1928

17

I HEREBY CERTIFY, That I attended deceased from 8/6, 1928, to 8/6, 1928, that I last saw h.. alive on 8/6, 1928, and that death occurred, on the date stated above, at 12:01 A m.

The CAUSE OF DEATH* was as follows:

1. Bilateral Bronchopneumonia

2. Rt. otitis media

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Meyer Miller M. D.

, 19 (Address) Sinai Hosp of Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London P K Date of Burial Aug 8th 1928

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor

Spec.—2-20-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36320

## CERTIFICATE OF DEATH

E 36320

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 15-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clem Gray

(a) RESIDENCE NO. 1324 Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 3-15-88

| AGE Years | Months 4 | Days 19 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va -

10 NAME OF FATHER Edward Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Janet Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug - 4 - 28

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1928, to Aug 4, 1928, that I last saw h[illegible]live on Aug 4, 1928 and that death occurred, on the date stated above, at 7 10 a m.

The CAUSE OF DEATH* was as follows:

Extensive caries
Chronic nephritis
Myocardial insufficiency 3rd degree
Cerebral accident (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hosp

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood chem Laboratory tests & Autopsy

(Signed) James Bordley M. D.

8-4-1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Weems Wharf Va | Aug 7 1928 |
| 20 UNDERTAKER | ADDRESS |
| Virginia A. Brooks | 1463 N. Carey |

Cor.—12-9-25—A Co.—200 Blks.

36321

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36321

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 908 S. Paca St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Griczin( Sr. )

(a) RESIDENCE NO. 908 S. Paca St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Griczin

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hirshey Tailoring Co.

9 BIRTHPLACE (city or town)

(State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Anton Griczin

(Address) 835 Light St.

15 Filed ____, 19____ RCG Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Edgar Feldman M. D.

(Coroner)

8/6/ 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 8/8 1928

20 UNDERTAKER Chas. B. Kuchaus ADDRESS 637 S Paca St.

Spec.—7-17-26—A Co.—200 Bks.

E 36322

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36322

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hosp. St., 11-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Winchester

(a) RESIDENCE NO. Chestertown, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Winchester

6 DATE OF BIRTH (month, day, and year) Nov 28, 1878

| 7 AGE | Years | Months | Days 8 | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 50 | 4 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Kent County, Md.

PARENTS

10 NAME OF FATHER Isaac Winchester

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Hospital Records.

(Address)

15 Filed , 19 R.H. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 6th, 1928, that I last saw him alive on Aug 6th, 1928, and that death occurred, on the date stated above, at 8:50 P m.

The CAUSE OF DEATH* was as follows:

Ulimate Cystitis with prostatic abscess, kidney infection (duration) yrs. 4? mos. ds.

CONTRIBUTORY (Secondary) Cystitis with prostatic abscess (duration) yrs. mos. 10? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/4/28

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Thos A Winchester M. D.

, 19 (Address) Mt Vernon Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Tolchester — the Tolchester Co. Date of Burial Aug 7 1928

20 UNDERTAKER John F Denny ADDRESS 715 Leigh

1928 C. HAWSON JONES, M. D.

spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36323

## CERTIFICATE OF DEATH.

90 E 36323

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 26 37 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stevos Chambers

(a) RESIDENCE No. Balto City Hosp ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE: 82 Years | Months | Days | If LESS than 1 day, .... hrs. or .... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS
10 NAME OF FATHER Akidiopka
11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece
12 MAIDEN NAME OF MOTHER Georgia
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant (Address) Relative

15 Filed ..... , 19 .... Registrar RDK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-25 , 1927 , to 8-4 , 1928 , that I last saw h[illegible] alive on 8-4 , 1928 , and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:
Myocarditis, Chr & acute

CONTRIBUTORY (Secondary) Hypertention (duration) yrs. 5 mos 9 ds.
Arteri-Sclerosis (duration) Unknown

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys & Lab

(Signed) R. M. Black, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 8 17 1928

20 UNDERTAKER George J Ruth — ADDRESS 1705 Harford Ave

AUG 7 - 1928

36324

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

7H-101 E 36324

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N. Eden st ST., 10 WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Fleckenstein

(a) RESIDENCE NO. 1109 N Eden st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 1. 1860

7 AGE: Years 68; Months 2; Days 4; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer): Oil mill

(c) Name of employer: Department Store.

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: John Fleckenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Ann Grossman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Peter Fleckenstein (Address) 1109 N. Eden st.

15 Filed ..., 19 RMK. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to Aug 5 1928, that I last saw him alive on Aug 5 1928, and that death occurred, on the date stated above, at 10 PM

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Leovy, M. D.

8/6 1928 (Address) 413 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: 9/8 1928

20 UNDERTAKER: Geo. J. Pruth

ADDRESS: 1735 Hayford ave.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36325 — 113 — E 36325

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1417 N. Mount St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theo. E. Ray

(a) RESIDENCE NO. 1417 N. Mount St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-11-28

7 AGE — Years — Months: 5 — Days: 23 — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Ralph Ray

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant... (Address) Ralph Ray 1417 N. Mount

15 Filed ..., 19... Register

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4-1928

17 I HEREBY CERTIFY, That I attended deceased from 8-3-1928 to 8-4-1928 that I last saw h[e] alive on 8-4-1928 and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows: acute enteritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John E. Lampel, M. D.

, 19... (Address) 1405 N. Mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: 8/7 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1393 Pressman

...c.—2-29-28—L. F. S.—500 Bks.

E 36326 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36326

216 E 36326 129

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 15-32 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mabel Waters

(a) RESIDENCE NO. 1371 Whatcoat ST., WARD O
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | black | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, and year) Apr 24-1885

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 43 | 3 | 11 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Jas. Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jane Inman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Friends

(Address)

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Aug 5, 1928

that I last saw h... alive on Aug 5, 1928

and that death occurred, on the date stated above, at 11:45 p. m.

The CAUSE OF DEATH* was as follows:

Hypertension - Chronic Nephritis
Arteriosclerosis
Myocardial insufficiency
Uremia (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 24 hours

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy - Bob Judge

(Signed) Jas. Barkley M. D.

8-6, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hollo Creek Calvert Co Md — DATE OF BURIAL Aug 8 1928

20 UNDERTAKER Thomas E. Kelson. — ADDRESS 1303 Pressman St

rc.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36327

## CERTIFICATE OF DEATH.

194 E 36327

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6794 W. Mulberry ST., 4-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Toogood.

(a) RESIDENCE NO. 629 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Color

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1880

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Painter

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto, Md

10 NAME OF FATHER: Henry Toogood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): Chas. Toogood 6794 W. Mulberry St

Filed ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17 I HEREBY CERTIFY, That I attended deceased from July 14th 1928 to Aug 4th 1928

that I last saw h alive on August 4th 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of Peritoneum and Retroperitoneal Lymphatic Glands;

(Duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Prostatectomy for Cancer

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. Lee Ellis, M. D.

(Address) 1424 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Aug 7 1928

20 UNDERTAKER: Chas. H. Chase Sons — ADDRESS: 1400 Madison

rc.—1-12-23—M&T—500 Blks.

E 36328 HEALTH DEPARTMENT—CITY OF BALTIMORE E-36328

# CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 W Mulberry ST. 20-27 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin F Biser

(a) RESIDENCE NO. 1906 W Mulberry ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | N | M |

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie A Biser

DATE OF BIRTH (month, day, and year) Jan 20 1868

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 6 | 16 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dyeing & Cleaning

(b) General nature of industry, business, or establishment in which employed (or employer) Cleaning

(c) Name of employer Manager

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER James P Biser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lipscomb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Carrie A Biser
(Address) 1906 W Mulberry

Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6th 1928

I HEREBY CERTIFY, That I attended deceased from June 5th, 1928, to Aug 6th, 1928, that I last saw h[illegible] alive on Aug 4th, 1928, and that death occurred, on the date stated above, at 5 am m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chr. Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj DeWeese, M. D.

8/6, 1928 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cemetery | Aug 8 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm Koutsos | 223 N Paca St |

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36329
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

41 E 36329
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. ST., 8-16 WARD)

2-FULL NAME Mrs Teresa Nagle

(a) RESIDENCE NO. 2610 E. Preston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis J. Nagle.

6 DATE OF BIRTH (month, day, and year): March 18/881

7 AGE — Years: 47 — Months: 4 — Days: 24 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housef
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: John Carroll.
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.
12 MAIDEN NAME OF MOTHER: Mary Caffery.
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Louis J. Nagle.
(Address) 2610 E. Preston

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5 1928

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to Aug 5, 1928, that I last saw h[illegible] alive on Aug 5, 1928, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:
Cancer of Liver
(duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Slow cardiac failure with edema (duration) yrs. mos 4 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical course
(Signed) N B Fundrix, M. D.
, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemty — DATE OF BURIAL: Aug 9 1928

20 UNDERTAKER: Geo. J. Rubs — ADDRESS: 1735 Harford Av.

Rec.—1-12-23—M&T—500 Blks.

E 36330

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36330

21-29 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Scott Street, 21st WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Wiegand

(a) RESIDENCE No. 705 Scott Street. ST., 21st WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. Life. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Deitrich Wiegand.

DATE OF BIRTH (month, day, and year) Dec. 3rd, 1851.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 9 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None.

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

10 NAME OF FATHER Martin Schuler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Link.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

PARENTS

14 Informant John Schuler
(Address) 705 Scott St

15 Filed ____, 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6th 19 28.

17 I HEREBY CERTIFY, That I attended deceased from May, 1st, 19 28, to Aug, 6th, 19 28.
that I last saw her alive on August, 4th, 19 28.
and that death occurred, on the date stated above, at 2.00 AM.
The CAUSE OF DEATH* was as follows:

Cardiac Asthenia.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) -Chronic Interetital Nephrititis. (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis.

(Signed) John G. Schweinsberg.

, 19 (Address) 1126 W. Cross Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem | Aug 8 19 28 |
| 20 UNDERTAKER Jos Poesdens Son | ADDRESS 2178 P. |

c.—1-12-23—M&T—500 Bks.

E 36331

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 36331

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: NO. [redacted] ST., 22-11 WARD

2-FULL NAME Sarah Pinder

(a) RESIDENCE NO. 503 W. Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred all her life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Wid |

If married, widowed, or divorced HUSBAND of (or) WIFE of Draper Pinder

DATE OF BIRTH (month, day, and year) —

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unable to obtain

11 BIRTHPLACE OF FATHER (city or town) (State or country) " " "

12 MAIDEN NAME OF MOTHER " " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " " "

Informant's Address [redacted]

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-5 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-28 , 1928 , to 8-5 , 1928 ,

that I last saw her alive on 8-5 , 1928 ,

and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr + acute Bronchs - Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) [redacted], M. D.

, 19 (Address) BALTIMORE CITY HOSP[redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Aug 8 1928

20 UNDERTAKER John H. Frazier — ADDRESS 1027 Hanover

...—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36332

## CERTIFICATE OF DEATH

31

E 36332

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2823 Ellis St. ST., 1-1 WARD)

2—FULL NAME Sylvester Mazurkiewicz

(a) RESIDENCE NO. 2823 Ellis St ST., ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

EX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Magdalena

ATE OF BIRTH (month, day, and year): July 27 1870

| GE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 58 | | 15 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

IRTHPLACE (city or town) (State or country): Poland

10 NAME OF FATHER: Stanislaus Mazurkiewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

Informant: Mrs. Mazurkiewicz

(Address) 2823 Ellis St

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 15 - 28

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1928, to August 15, 1928.

that I last saw him alive on August 4, 1928

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jos. L. Valentine M. D.

August 16, 1928 (Address) 163 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary | Aug 8 - 1928 |
| 20 UNDERTAKER | ADDRESS |
| J. W. Bazenski | 1930 Eastern Ave |

—2-29-28—L. F. S.—500 Bks. Francisco Johanet.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36333

## CERTIFICATE OF DEATH

E 36333

—PLACE OF DEATH

REGISTERED NO.

TY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Francisco Johanet

(a) RESIDENCE NO. Havana, Cuba ST., WARD

(Usual place of abode)

gth of residence in city or town where death occurred yrs. — mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

married, widowed, or divorced) HUSBAND of (or) WIFE of Maud Mode Johanet

ATE OF BIRTH (month, day, and year) 1874

| GE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 54 | | | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gov Official

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Paris, France

10 NAME OF FATHER Edmund Johanet

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Soledad

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba

Informant Records

(Address)

Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1928

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 7, 1928, that I last saw him alive on Aug 7, 1928, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Braintumor, malignant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hypertonic cerebellar

Did an operation precede death? yes Date of Aug 3

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. R. Oliver Lewis M. D.

Aug 7 28 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havana Cuba — DATE OF BURIAL Aug 8 1928

20 UNDERTAKER Chas. G. Blacklyz & Brother — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

36334

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36334

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S. Hanover ST., 22-31 WARD)

2-FULL NAME Elizabeth Christopher

(a) RESIDENCE NO. 813 S. Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Daniel Christopher

6 DATE OF BIRTH (month, day, and year) Nov 24 1884

7 AGE — Years: 45 Months: 8 Days: 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: Mr Dillinger

9 BIRTHPLACE (city or town) (State or country): Fredericksburg Virginia

PARENTS

10 NAME OF FATHER: Henry Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fredericksburg Virginia

12 MAIDEN NAME OF MOTHER: Mary Wray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fredericksburg Va

14 Informant: Mattie Garnett

(Address) 813 S Hanover St

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/24, 1928, to 8/6, 1928, that I last saw h alive on 8/5, 1928, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) — yrs. 8 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fredericksburg, Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Brandenburg M. D.

8 6, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fredericksburg Va — DATE OF BURIAL: Aug 7 1928

20 UNDERTAKER: J. H. Brown & Son — ADDRESS: 108 W. Main St

Form 2117 M—A Co.—200 Blks.

36335

Nona McCleaf. ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36335

## CERTIFICATE OF DEATH

X 45

REGISTERED NO. 20-27

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital (St. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nona Nora McCleaf

(a) RESIDENCE NO. 523 N. Bradford St St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 26 1873

7 AGE — Years: 53 Months: 4 Days: 11

IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna.

PARENTS

10 NAME OF FATHER James A Flint

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Barbara Glowery

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Mrs Mary Sturgis

(Address) 503 Barker St

15 Filed ____ 19 ____ Registrar

Per ____

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/25 19

17 I HEREBY CERTIFY, That I attended deceased from 7/24/25 19 ____, to 8/7/25 19 ____,

that I last saw h__ alive on 8/7/25 19 ____,

and that death occurred, on the date stated above, at 1 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid Colon

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7/31/25

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Lutheran, P.A.

Date of Burial: Aug 9 19 25

20 UNDERTAKER: Chas. L. Sterner,

ADDRESS 1501 E. Fayette Ave

Spec.—1-12-23—M&T—500 Blks.

E 36336

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36336

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., MORRISON WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Wiseman

(a) RESIDENCE NO. 6604 Eastern ST., 26 WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug. 4 1928

AGE: Years ..... Months ..... Days ..... If LESS than 1 day 3 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Hosp.

10 NAME OF FATHER Jean Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Mary Letter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant BALTIMORE CITY HOSPITALS
(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 19 28, to Aug 5, 19 28, that I last saw him alive on Aug 5, 19 28, and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. M. Finch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Forest Evangelical Luth. Cem. | Aug 8 1928 |

20 UNDERTAKER Lilly-Julian Inc. ADDRESS 1008 Wolfe St

2-29-28—L. F. S.—500 Blks.

E 36337

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113 E 36337

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

TY OF BALTIMORE: (No. 1019 S. Third ST., 26 WARD)

—FULL NAME Esther Bass

(a) RESIDENCE NO. 1019 S. Third ST., 26 WARD
(Usual place of abode)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Single |

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) June 7, 1928

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 2 | | |

CUPATION OF DECEASED

a) Trade, profession or particular kind of work None

b) General nature of industry, business, or establishment in which employed (or employer) None

c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Lionel Bass

11 BIRTHPLACE OF FATHER (city or town) Fla
(State or country)

12 MAIDEN NAME OF MOTHER Barbara Grebner

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

Informant Barbara Bass

(Address) 1019 S. Third St.

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-7-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Aug 7, 1928, that I last saw her alive on Aug 6, 1928, and that death occurred, on the date stated above, at 7.0 a. m.

The CAUSE OF DEATH* was as follows:

diarrhea

Coma

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) yrs. mos. 2 ds.

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bromberg, M. D.

8-7, 1928 (Address) 3037 Donnell St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL aug 9 1928

20 UNDERTAKER Lilly-Zeiler Inc.

ADDRESS 403 S. Wolfe St

...—1 12 28—MAT—500 Blks.

E 36338

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36338

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 21-37 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zedick Wainwright

(a) RESIDENCE NO. not given ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | ? |

If married, widowed, or divorced HUSBAND of or) WIFE of ?

DATE OF BIRTH (month, day, and year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 60 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Zedick —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Leah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Burnards (Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible], 19 28 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-17, 1928, to 8-4, 1928, that I last saw him alive on 8-4, 1928, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis, Chronic or Acute

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) arteriosclerosis - Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) A. Jos. Hirsch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL 19 |
|---|---|
| 20 UNDERTAKER [redacted] Undertaker Board. | ADDRESS |

UNIVERSITY OF MARYLAND

1928 C. HAMPSON JONES, M. D.

AUG 7 1928

Cor.—12-9-25—A Co.—200 Bks.

E 36339

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

182

E 36339

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Foot of Mc Comas St. St., 21-31 Ward)

2-FULL NAME Albert Foster.C.

(a) RESIDENCE NO. 910 Harner St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed or divorced WIFE or HUSBAND of (XXXXXXXX): Eltra Foster.C.

6 DATE OF BIRTH (month, day, and year): December 13, 1905

7 AGE: Years 22 | Months 7 | Days 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): Empire Eng.Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Cambridge, Md

PARENTS

10 NAME OF FATHER: Albert Foster.C.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Sarah Carr.C.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland.

14 Informant: Eltra Foster.C.(wife)

(Address): 910 Harner St.

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 4, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a wharf.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Lenhardt (Coroner) M. D.

8/b, 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md Date of Burial 8/7 1928

20 UNDERTAKER: Chas. R. Bacorn ADDRESS 578 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36340

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

31 E 36340

City of BALTIMORE: (No. 568 St. Mary St., 7 Ward) 17 REGISTERED NO. 31-24

2-FULL NAME Bessie Thomas

(a) RESIDENCE NO. 568 St. Mary St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Thomas

6 DATE OF BIRTH (month, day and year): May 28 1894

7 AGE — Years: 33 Months: 11 Days: 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer

9 BIRTHPLACE (city or town): Oxford

(State or country): Md

PARENTS

10 NAME OF FATHER: Jerome Leyer

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Laura Carr

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Lorine Leyer

(Address): 568 St Mary

15 Filed....., 19..... Registrar RKH

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) C. E. Link M. D.

19 (Address) Mt Hope Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem Date of Burial: Aug 8 1928

20 UNDERTAKER: Frank Moseley ADDRESS 178 Biddle

.—2-29-28—L. F. S.—500 Bks.

E 36341

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36341

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 16 WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Williams

(a) RESIDENCE NO. 718 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: James

6 DATE OF BIRTH (month, day, and year): 4-4-90

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: maid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Archie Lowe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Matilda Rowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Friend

(Address): JOHNS HOPKINS HOSPITAL

Filed , 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6-1928

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to Aug 6, 1928

that I last saw h.e. alive on Aug 6, 1928

and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease, Aortic and mitral stenosis and insufficiency, myocardial insufficiency with sudden death probably caused by cerebral Embolus from mural thrombi Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Indefinite

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Brain has not yet been examined

(Signed) Chas Bagley Jr., M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Boyston Va — DATE OF BURIAL: Aug 8 1928

20 UNDERTAKER: Frank E Kreckler — ADDRESS: 718 Eddie

c.—1-12-23—M&T—500 Blks.

E 36342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36342

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) (WARD) 30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pugh.

(a) RESIDENCE NO. North East, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed. |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about 65 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md ?

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Hospital Records

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 19 28

17

I HEREBY CERTIFY, That I attended deceased from 6-14 19 28 to 8-7 19 28.

that I last saw him alive on 8-6 19 28,

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Thyroid.

(duration) 3 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cerebral Embolism.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? 3 years ago Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John Roberts Phillips M. D.

19 (Address) University Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North East Md. M.E. Cemetery

DATE OF BURIAL Aug 10 1928

20 UNDERTAKER Joseph R Grant

ADDRESS North East Md.

1926 C. HAMPSON JONES, M. D.

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36343 E 36343

## CERTIFICATE OF DEATH.

90

13-52

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST., ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Isabelle Keach

(a) RESIDENCE NO. Home for Incurables ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? 79 yrs. 0 mos. 4 ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): Aug-3-1849

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 79 | 0 | 4 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Cyril H. Keach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Providence Rhode Island

12 MAIDEN NAME OF MOTHER: Rachael Flaggan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cecil Co. Md

14 Informant: Mr. Hamm (Address) 319 Windsor Road (Mother-in-law)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 1928

17 I HEREBY CERTIFY, That I attended deceased from October 2 1926 to Aug 6 1928

that I last saw her alive on Aug 6 1928

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) — yrs. 18 mos. — ds.

CONTRIBUTORY (Secondary): Chr. myocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W. W. B. Mayo, M. D.

Aug 6 1928 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. | DATE OF BURIAL: Aug-8 1928

20 UNDERTAKER: Fleetwood & Co. | ADDRESS: Balto.

c.—1-12-23—M&T—500 Bks.

E 36344

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36344

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes' Hospital

REGISTERED NO 129

CITY OF BALTIMORE: (NO. 21-22 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Joseph Hartman

(a) RESIDENCE NO. 1830 West Pratt St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male, | White | Married |

If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Hartman (Alice)

DATE OF BIRTH (month, day, and year) 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

4 Informant Mrs. Hartman (Address) 320 E. 38th St.

5 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-25, 1928, to 8-6, 1928,

that I last saw him alive on 8-6, 1928,

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

" Nephritis & Renal Calculi

Pott's Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs + X ray

(Signed) Edward P. Allen M. D.

, 19 (Address) 336 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Aug. 8 1928

20 UNDERTAKER Rita Wredfeldt ADDRESS 4 Grennt Ave

1928 C. HAMPSON JONES, M. D.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 36345

E 36345

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Sterling ST.: 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Ackerman

(a) RESIDENCE. No. 634 Sterling ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Ackerman

6 DATE OF BIRTH (month, day, and year): Aug. 4, 1871

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robert H. Sills

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Louise Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Edward Sills (Address) 634 Sterling st

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5 1928

17 I HEREBY CERTIFY, That I attended deceased from May 25, 19 28, to Aug 5, 19 28, that I last saw h alive on July 4, 19 28, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of rectum -

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary): none known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lit. J. H. H.

Did an operation precede death? yes Date of May 28-28

Was there an autopsy? no

What test confirmed diagnosis? Microscopic section

(Signed) Chas. J. Keller M. D.

8/7, 19 28 (Address) 232 W. Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Vincent Cemetery | Aug 8, 1928 |
| 20 UNDERTAKER: Mrs R A Elliott | ADDRESS: 1325 Ashland |

...—1-12-23—M&T—500 Bks.

# E 36346 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36346

## CERTIFICATE OF DEATH.

57

12-50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 St. Paul ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Hampson

(a) RESIDENCE No. 2702 St. Paul St., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward S. Hampson

DATE OF BIRTH (month, day, and year) Jan. 21, 1868

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 60 | 6 | 15 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER George C. Ireland

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Achey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

4 Informant Edward S. Hampson

(Address) 2702 St. Paul St.

5 Filed ...., 19 ....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5 19 28

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926, to Aug 5, 1928, that I last saw her alive on Aug 5, 1928 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus +
Hypertension. -

(duration) 3 or 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute pulmonary oedema

(duration) yrs. mos. 1 hour, ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) M Bamberger, M. D.

8/7, 1928 (Address) 626 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Aug 8" 1928

20 UNDERTAKER Joseph B Cook

ADDRESS 1203 West Baltimore St

Spec.—1-12-23—M&T—500 Blks.

W4A 0705

E 36347

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36347

## CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 Fait Ave. ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bolewski

(a) RESIDENCE NO. 2423 Fait Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 9 1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | | 4 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frank Bolewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Pelagia Kawalska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

4 Informant Frank Bolewski

(Address) 2423 Fait Ave

5 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1928, to Aug 7, 1928, that I last saw h alive on Aug 7, 19 and that death occurred, on the date stated above, at 3P. m

The CAUSE OF DEATH* was as follows:

Acute Ilio-colitis

(duration) yrs. 3 days

CONTRIBUTORY (Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Frank Janiszewski M. D.

8/7, 1928 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Pt. Rosary Aug. DATE OF BURIAL 8 1928

20 UNDERTAKER John W. Walker ADDRESS 401 S Chester

...ec.—1-12-23—M&T—500 Blks.

36348

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001

E 36348

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Fountain St. ST., 2-4 WARD)

2-FULL NAME Elnora Sydlowska

(a) RESIDENCE NO. 2032 Fountain St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 30 1928

| AGE Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|
| | 2 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Sydlowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Rostayko

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mary Sydlowska
(Address) 2032 Fountain St.

15 Filed ..., 19... Registrar

1928 C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1928, to Aug. 7, 1928, that I last saw h[illegible] alive on Aug. 7, 1928, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(over)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Sydlowski M. D.

8/7, 1928 (Address) 2579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Aug

DATE OF BURIAL 8 1928

20 UNDERTAKER John M Weber

ADDRESS 401½ Chester

.—2-20-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36349

## CERTIFICATE OF DEATH

135

E 36349

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-20 WARD)

2—FULL NAME William Adams

(a) RESIDENCE NO. 521 Roberts ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | black | married |

f married, widowed, or divorced HUSBAND of (or) WIFE of Mary

ATE OF BIRTH (month, day, and year) 1/1/40

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | 7 | 4 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Maryland
(State or country)

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Fannie Wilmer

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19 ...

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to Aug 5, 1928,

that I last saw him alive on Aug 5, 1928

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Benign prostatic hypertrophy,

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 30, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) [illegible], M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| National Cemetery | 8/7, 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Wm. Geo. H. Holland | 1632 Druid Hill Ave |

Spec.—7-17-26—A Co.—200 llks.

E 36350

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36350

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 6-10 Ward)

2-FULL NAME Samuel Reinhardt Watts

(a) RESIDENCE NO. 612 N. Montford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. 7 ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Watts

6 DATE OF BIRTH (month, day, and year): Jan 4 - 1856

7 AGE: Years 72 (2) Months 7 Days 2 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Sabitt Watts

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Lucinda Taylor

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Mrs. E. Watts

(Address): 612 N. Montford

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/6/28 19

17 I HEREBY CERTIFY, That I attended deceased from July 28, 19 to 8/6/28, 19 ....., that I last saw h. alive on August 6, 19 28, and that death occurred, on the date stated above, at 12 15 p.m.

The CAUSE OF DEATH* was as follows:

arteriosclerotic cardio-vascular Disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 7 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. H. Wiland, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Aug 8 1928

20 UNDERTAKER: Thos. E. Butler & Son — ADDRESS: 2334 Jeffer...

C. HAMILTON JONES, M. D.

1928 Par

c.—2-29-28—L. F. S.—500 Bks.

E 36351

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

57 E 36351

1—PLACE OF DEATH Sydenham Hosp

REGISTERED NO. 11-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST., ..... WARD)

2—FULL NAME Muriel Matacia

(a) RESIDENCE NO. 601 N. Pulham ST., ..... WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Apr 6, 1923

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 5 | 4 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md
(State or country)

10 NAME OF FATHER John Matacia

11 BIRTHPLACE OF FATHER (city or town) Ohio
(State or country)

12 MAIDEN NAME OF MOTHER Marguerite Rubo

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Sydenham Hosp, Record
(Address)

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1928, to Aug 6, 1928, that I last saw h[illegible] alive on Aug 6, 1928 and that death occurred, on the date stated above, at 2.35 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? exam + Lab findings

(Signed) H Sachman, M. D.

19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Mary's Cemetery Hampden | Aug 8 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm E. Miller & Son | 2334 Jeffer[illegible] |

Spec.–7-17-26—A Co.—200 Bks.

E 36352

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129

E 36352

REGISTERED NO. 2-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I-PLACE OF DEATH

City of BALTIMORE: (No. 1821 E Lombard St Ward)

2-FULL NAME George J Prasch

(a) RESIDENCE NO. 1821 E Lombard St Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kathrine Prasch

6 DATE OF BIRTH (month, day, and year): March 29 1874

7 AGE: Years 54 Months 4 Days 8

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Guard at

(b) General nature of industry, business, or establishment in which employed (or employer): Maryland Penitentiary

(c) Name of employer: Balto

9 BIRTHPLACE (city or town) (State or country): Jacob Prasch Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Wicklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Kathrine Prasch 1821 E Lombard St

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 7 1928 to ..... 19 .....

that I last saw him alive on Aug 7 1928

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremic Coma

(duration) 3 hours yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) L. M. C. Parker M. D.

19 (Address) 111 W Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Aug 10 1928

20 UNDERTAKER: Martin W. E. Deppe Inc — ADDRESS: 312 E Lan[illegible]

E 36353

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36353

## CERTIFICATE OF DEATH.

19-172

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Square Hospital Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert R. Petersen

(Residence in Baltimore: No. 1825 W. Baltimore St. St.; yrs. 2 yrs. mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

6-DATE OF BIRTH: About 1903 (Month) (Day) (Year)

7-AGE: 25 yrs. Unknown mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist &
(b) General nature of Industry, business, or establishment in which employed (or employer): Draftsman

9-BIRTHPLACE, (State or Country): Denmark

PARENTS.

10-NAME OF FATHER: Frederick Petersen

11-BIRTHPLACE OF FATHER, (State or Country): Denmark

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Denmark

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. J. W. Nilsen

(Address) 3918 Foster Ave.

15- Filed 8 - 1928 192.. C. HAMPSON JONES, M. D. Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug 5 (Month) (Day) 192.8 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Fract Skull

(Duration) 2 hrs mos. ds.

CONTRIBUTORY (Secondary)

Either jumped or fell from 3rd Story window

(Duration) yrs. mos. ds.

(Signed) Thos. B. Fenton M. D. (Coroner.)

Aug 7 192.8 (Address) Curtis Bay Md

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal. Balto Co. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 8/8/28 19..

20-UNDERTAKER: Harry A. Witz — ADDRESS 1536 Lombard St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36354

## CERTIFICATE OF DEATH.

177

E 36354
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Nellie Johnson

(a) RESIDENCE NO. 1637 Division St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3N yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Johnson

6 DATE OF BIRTH (month, day, and year) 1893.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Un known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Annie Collins.

(Address) 1637 Division St.

15 Filed ....., 19 ..... Registrar RWK

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug. 5, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Mercurial poisoning.

Probably accidental

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Eugene Zeller M. D.
(Coroner)

8/7, 1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Date of Burial 8/8/ 1928

20 UNDERTAKER Mrs. Geo. H. Hollan ADDRESS 1621 Druid Hill Ave

c.—1-12-23—M&T—500 Bks.

E 36355

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57 ✓

E 36355

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Greenspring ave & Belvedere ave

CITY OF BALTIMORE: (No. Hebrew Aged Home ST., WARD)

2-FULL NAME Rosie Land

(a) RESIDENCE NO. Greenspring ave & Belvedere ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer Land

DATE OF BIRTH (month, day, and year) 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 65 | 75 | — | — | |

17/28 H 25.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oldage

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis

(Address) 1439 E Balt St

Filed 8-8-1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug, 1927 to Aug-7-, 1928, that I last saw h alive on aug 7 - 1928 and that death occurred, on the date stated above, at 11 59 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

at least 1 yrs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Blood and urinalysis

(Signed) Herman Reichl, M. D.

8-7, 1928 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Benevolent Ass'n — DATE OF BURIAL 8/8 1928

20 UNDERTAKER Jack Lewis 1439 E Balt St — ADDRESS

Spec.-7-M-26—A Co.—200 Bks.

E 36356

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

146 E 36356

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospital St., 4 — Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary H. Ryan

(a) RESIDENCE NO. Clements, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1898

7 AGE — Years: 30 — Months — Days — IF LESS than 1 day ..hrs. or ..min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Record

(Address)

15 Filed ..., 19... Registrar

AUG 8 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/28 19

17 I HEREBY CERTIFY, That I attended deceased from 7/30/28, 19..., to 8/7/28, 19...,

that I last saw her alive on 8/7/28 19...,

and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

if not at place of death? -

Did an operation precede death? yes Date of 8/1/28

Was there an autopsy? -

What test confirmed diagnosis? Operation

(Signed) J. C. Whitehead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leonardtown Md — Date of Burial: 8/8/28

20 UNDERTAKER: George A. Tealey — ADDRESS: Fulton Md

ec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36357

BALTIMORE CITY HOSPITALS

## CERTIFICATE OF DEATH.

101-001 E 36357.

1-PLACE OF DEATH [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST., 19-28 WARD)

2-FULL NAME Moses Hughes

(a) RESIDENCE NO. 536 S Addison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Wid. |

6a If married, widowed, or divorced HUSBAND of or) WIFE of Not obtained

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) not stated

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant [redacted] BALTIMORE CITY HOSPITAL (Address) [redacted]

15 Filed 8 6 1928 C. HARRISON JONES M Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6 1928.

17 I HEREBY CERTIFY, That I attended deceased from 12-19 1927 to 8-6 1928, that I last saw him alive on 8-6, 1928, and that death occurred, on the date stated above, at 1 35 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Left Hemiplegia, Arterio-Sclerosis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [redacted], M. D.

, 19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL Aug 10th 1928

20 UNDERTAKER A. Jones ADDRESS W. S. Gilson

Spec.—12-9-25—A Co.—200 Bks.

Mae M Forsythe ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36358 — E 36358

## CERTIFICATE OF DEATH.

1-001

16-68

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 111 N. Bentalou St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mae Marye Forsythe

(a) RESIDENCE NO. 111 N. Bentalou St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | White | married. |

5a If married, widowed, or divorced
HUSBAND ~~of~~
(or) WIFE of George Anchar Forsythe

6 DATE OF BIRTH (month, day, and year) March 4-1885

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 43 | 5 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house-wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Trenton

(State or country) New Jersey.

PARENTS

10 NAME OF FATHER Charles C. Winder

11 BIRTHPLACE OF FATHER (city or town) Trenton

(State or country) New Jersey.

12 MAIDEN NAME OF MOTHER ? James

13 BIRTHPLACE OF MOTHER (city or town) Trenton

(State or country) New Jersey.

14 Informant George A. Forsythe

(Address) 111 N. Bentalou St.

15 Filed.....19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6 1928

17

I HEREBY CERTIFY, That I attended deceased from July 29 1928, to August 6 1928, that I last saw h.. alive on August 6 1928, and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) ...yrs. ...mos. 23 ds.

CONTRIBUTORY none
(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death? Unknown.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Chester Ruland, M. D.

8-7. 1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — Date of Burial 8/9 1928

20 UNDERTAKER W. M. Cook — ADDRESS 502 E. North Ave

1978 C. HAMPSON JONES M. D.

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36359

## CERTIFICATE OF DEATH

E 36359

118-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. Ward) 12-19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Phillips -

(a) RESIDENCE NO. 1818 St. Paul St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | ~~married~~ Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 19 1894

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 34 | 4 | 19 |

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Olney Ky

(State or country)

PARENTS

10 NAME OF FATHER William Wordsworth

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Kentucky

12 MAIDEN NAME OF MOTHER Sally Hagen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Kentucky

14 Informant Hospital Record

(Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/4/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/4, 19 28, to 8/7, 19 28, that I last saw her alive on 8/4, 19 28, and that death occurred, on the date stated above, at 11 20 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Where was disease contracted

If not at place of death? 1818 St Paul St -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Clinical signs - symptoms

(Signed) Thos A Tompkins M. D.

, 19 (Address) 1818 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial 8/8 1928

20 UNDERTAKER Williams Cook

ADDRESS 502 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 36360 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36360

CERTIFICATE OF DEATH. 129

REGISTERED NO. 23-33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 136 E. Fort Ave. ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Warnick

(a) RESIDENCE NO. 136 E. Fort Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 26 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Warnick

6 DATE OF BIRTH (month, day, and year) Oct 11 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 9 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George H. Hiss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Weaver

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant William D. Warnick

(Address) 136 E. Fort Ave.

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1928, to Aug 9 1928, that I last saw her alive on Aug 6 1928 and that death occurred, on the date stated above, at 12 45 A M

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Wm. S. Gadbury, M. D.

Aug 12, 1928 (Address) 634 Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 8/9 1928

20 UNDERTAKER J. Fenw. McCully

ADDRESS 130 E Fort

Spec.—1-12-23—M&T—500 Blks.

E 36361

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36361

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Byrd St. ST., WARD) 24-34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert C. Miles

(a) RESIDENCE No. 1715 Byrd St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Addie E. Miles

DATE OF BIRTH (month, day, and year) May 20 1874

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 54 | 2 | 17 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tender at Riverside

(b) General nature of industry, business, or establishment in which employed (or employer) R. R. Shops

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Bass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Miles 1715 Byrd St.

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1926 to Aug 7 1928

that I last saw h alive on Aug 6 1928

and that death occurred, on the date stated above, at 3 A M

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Jan 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. C. Campbell M.D.

Aug 7 1928 (Address) 1644 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 8/9 1928

20 UNDERTAKER J. Fran McCurdy

ADDRESS 190 S Front

eq.—1-12-23—M&T—500 Blks.

E 36362

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36362

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO. 14-20

CITY OF BALTIMORE: (No. 1416 Division ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Easley

(a) RESIDENCE NO. 1416 Division ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ella B. Easley

DATE OF BIRTH (month, day, and year) March 1871

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 6 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Halifax Va

10 NAME OF FATHER Chas H. Easley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Halifax Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Halifax Va

Informant Essie Thomas

(Address) 1416 Division St

Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5. 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 1. 1928. to Aug 5. 1928.

that I last saw him alive on Aug 5. 1928.

and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Lee Chesnut, M. D.

8/7, 1928 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 8-8-1928

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pine

Cor.—12-9-25—A Co.—200 Bks.

E 36363

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

196 E 36363

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1519 Union Ave St 13-57 Ward)

2-FULL NAME John Elmer Williams

(a) RESIDENCE NO. 1214 Union Ave St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth C. Williams

6 DATE OF BIRTH (month, day, and year): April 15, 1894

7 AGE — Years: 34 — Months: 3 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Balto Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Frank E. Williams

11 BIRTHPLACE OF FATHER (city or town): Balto Co. Md

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Niles

13 BIRTHPLACE OF MOTHER (city or town): Balto, Md

(State or country)

14 Informant: Elizabeth Williams

(Address) 1214 Union Ave.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electrocuted.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Grant, M. D. (Coroner)

8/7, 1928 Address 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden Date of Burial Aug. 9. 1928

20 UNDERTAKER: J. Walter Davis ADDRESS 3307 Paine St

...c.—2-29-28—L. F. H.—500 Blks.

E 36364

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36364

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 221 N. Carolina St., 6-9 WARD)

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna A. Gran

(a) RESIDENCE NO. 221 N. Carolina St., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

EX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Aug 28/22

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 5 | 11 | 10 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): City

10 NAME OF FATHER: Wm J Gran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Estelle Wilkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Wm Gran

(Address) 221 N. Carolina

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 19 28 to Aug 6 19 28

that I last saw h[illegible] alive on Aug 6 19 28

and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Acute)

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Fred Rinaldi M. D.

(Address) 800 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL 8/9 19 28

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

E 36365

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001 E 36365

REGISTERED NO._____

1-PLACE OF DEATH No.6 Truck House

City of BALTIMORE: (No.) Hanover & Ostend Sts. St., 9-17 Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredetick W.Strohl.

(a) RESIDENCE NO. 1428 E.Federal St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, XXXXXXXXXXXX HUSBAND of (or XXXXXXXXX) Margaret J.Strohl.

6 DATE OF BIRTH (month, day, and year) October 15,1881

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | 9 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman Baltimore

(b) General nature of industry, business, or establishment in which employed (or employer) City Fire Dept.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore,Md

PARENTS

10 NAME OF FATHER Frederick Strohl.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ////// Germany.

12 MAIDEN NAME OF MOTHER Elizabeth--------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Margaret Strohl.(wife)

(Address) 1428 E.Federal St

15 Filed_____, 19____ _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6,1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Leinhardt M. D.

(Coroner)

8/8 · 1928 (Address) 1017 S.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Date of Burial 8/9 1928

20 UNDERTAKER Philip Hennig ADDRESS 2016 Orleans

Spec.—4-12-23—M&T—500 Blks.

# E 36366 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 36366

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OR BALTIMORE: (No. 230 S. Clinton ST., 26-2 WARD) 31

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew J. Shott.

(a) RESIDENCE No. 230 S. Clinton ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa Shott

6 DATE OF BIRTH (month, day, and year): Sept 29-1880

7 AGE — Years: 47 — Months: 10 — Days: 8 — If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sugar Refiner Sugar Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jos. Shott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Marie Mellon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Theresa Shott 230 S Clinton St

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from January, 1928, to August 5, 1928, that I last saw him alive on August 5, 1928, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

8 To my knowledge

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Acute Myocarditis

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank Lloyd, M. D.

Aug 7, 1928 (Address) 200 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lehnard Cem — DATE OF BURIAL: Aug 9 1928

20 UNDERTAKER: Geo M. Smith Son — ADDRESS: 811 N Wolfe

AUG 8 - 1928 HAMPTON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36367

E 36367

## CERTIFICATE OF DEATH.

148

REGISTERED NO. 11-24

1-PLACE OF DEATH

City of BALTIMORE: (No. 1017 Madison Ave. Ward) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Edwards

(a) RESIDENCE NO. 1017 Madison Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Aug 1-1911

7 AGE: Years 17 Months Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: S. C.

9 BIRTHPLACE (city or town): S. C.

(State or country)

PARENTS

10 NAME OF FATHER: John Edwards

11 BIRTHPLACE OF FATHER (city or town): S. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Ada Rippey

13 BIRTHPLACE OF MOTHER (city or town): S. C.

(State or country)

14 Informant: Walter Rippey

(Address) 1017 Madison Ave

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Uraemic Convulsions

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Child Birth a few hours

(Duration) yrs. 9 mos. 20 ds.

(Signed) J. C. Leach, M. D.

Aug 6th 1928 (Coroner) (Address) North Ave & Division

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Blackeburg, S.C. Date of Burial: Aug 8 1928

20 UNDERTAKER: Jno M. Johnson ADDRESS 1234 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

E 36368

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

182

25-76

E 36368

1-PLACE OF DEATH

City of BALTIMORE: (No. Fairfield, St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jimmie Pritchett.C.

(a) RESIDENCE NO. 4th St. Fairfield. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 24, 1920

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 7 | 7 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Algie Pritchett.C.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Louise Randall.C.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Algie Pritchett.C.(father)

(Address) 4 th St Fairfield.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning.
While wadeing in water.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Lenhardt M. D.
(Coroner)

8/8, 1928 (Address) 1018 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvery Cem Aug 8 1928 Date of Burial

20 UNDERTAKER J. L. Brown & Son ADDRESS 1051 N. Fulton Ave

Spec.—7-17-26—A Co.—200 Bks.

E 36369

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36369

124

REGISTERED NO. 27-55

1-PLACE OF DEATH

City of BALTIMORE: (No. 3506 Glen Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Bohne

(a) RESIDENCE NO. 3506 Glen Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick W. Bohne

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE: Years 71 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER: Wm. Scheifer

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Leroy Brooks

(Address) 3506 Glen ave

15 Filed ..... 19 ..... Registrar

C. E. JOHNSON, JONES, M.D.

AUG 8 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6. 1928

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1928, to Aug. 6th, 1928,

that I last saw her alive on Aug 4th, 1928,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Gall bladder disease

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm. Boyd Kelly, M. D.

, 19 (Address) 3048 W. Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: Aug. 8. 1928

20 UNDERTAKER: John O. Mitchell Sons ADDRESS 1905 Eutaw

c.—2-29-28—L. F. S.—500 Bks.

165-87 E 36370

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 159-002

E 36370

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7 9 WARD)

2—FULL NAME Edwin Necker

(a) RESIDENCE NO. Fullerton Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, and year) Apr. 20-28

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 3 | 18 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Edward Necker

11 BIRTHPLACE OF FATHER (city or town) Md — (State or country)

12 MAIDEN NAME OF MOTHER Blanch Ferguson

13 BIRTHPLACE OF MOTHER (city or town) Md — (State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 Registrar

C. HARRISON JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Aug 8, 1928, that I last saw h[illegible] alive on Aug 8, 1928 and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Cause)
Congenital Heart?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Otitis Media acute Per

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray - E.K.G.

(Signed) Eyman Meyer, M. D.

Aug 8, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkwood Cemetery | Aug 11 1928 |
| 20 UNDERTAKER | ADDRESS |
| Fredk. Lassahn & Sons | Fullerton |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36371

## CERTIFICATE OF DEATH.

E 36371

166

REGISTERED NO. 15-62

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md. Gen. Hosp. (Street) ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Miller

(a) RESIDENCE NO. 3504 Coheley Rd. (Street) ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 30 How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Miller

6 DATE OF BIRTH (month, day, and year) Aug 9 1875

7 AGE Years 53 Months 11 Days 30 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Jas McCabe

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Ryan

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Lloyd Miller

(Address) 3504 Coheley Rd

15 Filed ____ 19 ____ ____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Took Lysol

(Duration) 1 yr. mos. 2 ds.

CONTRIBUTORY (Secondary) Suicide

(Duration) yrs. mos. ds.

(Signed) F. B. Link M. D.

19 28 (Coroner) (Address) North Ave & Dorsey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Bm Date of Burial 8/9 1928

20 UNDERTAKER J. G. Moran ADDRESS 3090 E. Baltimore

pec.—1-12-23—M&T—500 Blks.

E 36372

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36372

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md, ST., 4-25 WARD)

2-FULL NAME Alice Diggs,

(a) RESIDENCE NO. 738 W. Saratoga St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Black | Widow |

6a If married, widowed, or divorced HUSBAND of or) WIFE of Charles Diggs

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Janey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lottie Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Baltimore City Hospitals, Baltimore, Md.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-5- 19 28

17 I HEREBY CERTIFY, That I attended deceased from 4-16- , 19 28 to 8-5- , 19 28 , that I last saw her alive on 8-5- , 19 28 , and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia, General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Serological findings

(Signed) M.D.

8/7 19 28 (Address) Bklyn City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lorne Cy DATE OF BURIAL Aug 8 19 28

20 UNDERTAKER Leonard Whalen ADDRESS 69 Francis

Spec.—1-12-23—M&T—500 Blks.

E 36373 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 36373

## CERTIFICATE OF DEATH.

31

9-14

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No. City Hospital, Balto. Md. St., WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Talmadge Watson

(a) RESIDENCE NO. 1407 Harford Ave. WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/25-1898.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|
| | 29 | 9 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter. 070

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Cons. Gas & Elec. Co.

9 BIRTHPLACE (city or town) (State or country) Hamlet, N. C.

PARENTS

10 NAME OF FATHER Archie Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurinsburg, N. C.

12 MAIDEN NAME OF MOTHER Effie McClourin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurinsburg, N. C.

14 Informant Jas. Watson
(Address) 1407 Hanford Ave.

15 Filed ..... 19 ..... Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) 8/5 1928.

17 I HEREBY CERTIFY, That I attended deceased from 6/15, 1928, to 8/4, 1928, that I last saw him alive on 8/5, 1928; and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tb.

(duration) yrs. 2 mos ..... ds.
CONTRIBUTORY (Secondary) Septicemia.
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home.
Did an operation precede death? No. Date of O.
Was there an autopsy? No.
What test confirmed diagnosis? X-ray - physical exam.

(Signed) J. M. Guyton, M. D.
, 19 (Address) 237 Mid. Ave., Montrose Cty.

*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hamlet N. C. — DATE OF BURIAL Aug 2 1928

20 UNDERTAKER Mrs. P. G. Elliott — ADDRESS 216 Eastwood

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36374 E 36374

## CERTIFICATE OF DEATH.

129

REGISTERED NO. 22-30

1-PLACE OF DEATH

City of BALTIMORE: (No. 604 E. Eutaw St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Glaser

(a) RESIDENCE NO. 604 E. Eutaw Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Glaser

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 47 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Common Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town): Love Point, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Jacob Glaser

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Samuel C. Pickens

(Address) 644 E. Eutaw

15 Filed..... 19.....

Registrar

RKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/7/28 19

17 I HEREBY CERTIFY, That I attended deceased from July 23 19 28 to Aug. 7 19 28

that I last saw h..... alive on Aug. 6 19 28

and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Auto Trauma

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

3 or 4 Weeks

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Johnsing M. D.

19 (Address) 1012 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 8/9 1928

20 UNDERTAKER: Daniel Easter ADDRESS 916 Eutaw

C. HAMPSON JOHNSON, M. D.

1012 N. LAFAYETTE ST.

Cor.—12-9-25—A Co.—200 Bks.

E 36375

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57 E 36375

REGISTERED NO. 12-50

1-PLACE OF DEATH

City of BALTIMORE: (No. En route to University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Matacia

(a) RESIDENCE NO. 2706 Guilford Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Matacia

6 DATE OF BIRTH (month, day, and year) May 13, 1889.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 39 | 38 | 2 ~~4~~ | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Wm. Henry Jarvis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Lillie Cherry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Joseph Matacia

(Address) 2706 Guilford Ave.,

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

Per ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug. 6, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feldman, M. D.

(Coroner)

8/7/19 28 Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of dental.....

Former or usual residence.....

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Cathedral Cemetery | 8/9 19 28 |

20 UNDERTAKER Henry H. Mears and Son ADDRESS 605 N. Calvert

Stock—8-29-28—L. F. S.—500 Blks.

16432
E 36376

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36376

161-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 14-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Smith

(a) RESIDENCE NO. 2315-E Eutaw ST., St- WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlie Lulu

6 DATE OF BIRTH (month, day, and year): July 17/28

7 AGE — Years: | Months: 5 wks | Days: 16 | If LESS than 1 day, ....hrs. or ....min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Charlie Smith-

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa —

12 MAIDEN NAME OF MOTHER: Lula Chamberlain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa -

14 Informant: Records —
(Address)

15 Filed Aug 6, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug-3-28

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 3, 1928,

that I last saw her alive on Aug 3, 1928

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Prematurity

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? — Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Lyman Mauley, M. D.

Aug 5 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL — DATE OF BURIAL: AUG 7 - 1928

20 UNDERTAKER

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be very careful in filling out CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36377

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36377

## CERTIFICATE OF DEATH.

90

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~E~~ 1031 Hillen St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter McGuigan

(a) RESIDENCE NO. 1031 Hillen St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 80 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said .....

(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Sudden

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Reilly, M. D.

Aug 6, 19 26 (Address) 1057 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

Commissioner of Health,

AUG 6 - 1926

UNIVERSITY OF MARYLAND. HARRISON-JONES MEDICAL LIBRARY 1926 THE MORGUE

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36378

## CERTIFICATE OF DEATH.

E 36378

160

REGISTERED NO. 15-20

1-PLACE OF DEATH

City of BALTIMORE: (No. 1342 N. Fremont Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Woods.

(a) RESIDENCE NO. 1342 N. Fremont Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 30 (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): Mar 7th 1928

7 AGE: Years — Months: 4 — Days: 30 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto (State or country): Md.

PARENTS

10 NAME OF FATHER: Fred. Woods.

11 BIRTHPLACE OF FATHER (city or town): Balto (State or country): Md

12 MAIDEN NAME OF MOTHER: Lillian Boswell.

13 BIRTHPLACE OF MOTHER (city or town): Balto (State or country): Md

14 Informant (Address): Lillian Woods 1342 N. Fremont Ave

15 Filed ...AUG... 19 28 ARH Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year): Aug 6th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition.

(duration) .....yrs. 4 mos. 30 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Leech M. D. (Coroner)

Aug 8th, 1928 (Address) South Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., .....mos., .....ds. In the State .....yrs., .....mos., .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — Date of Burial 19

20 UNDERTAKER: Commissioner Health. ADDRESS AUG 8 - 1928

E 36379

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36379

1-PLACE OF DEATH Christ's Institution Hospital

CITY OF BALTIMORE: (NO. 704 Euson ST.) (WARD) 10-14

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Johnson

(a) RESIDENCE NO. 1210 Half St. S.W. Wash. D.C. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) married

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) feb 8 1854

AGE 43 Years 44 Months 6 Days 0

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) King George Co Va

10 NAME OF FATHER Aaron Belford

11 BIRTHPLACE OF FATHER (city or town) (State or country) King George Va

12 MAIDEN NAME OF MOTHER Ella Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant [redacted] (Address) [redacted]

15 Filed ..... , 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8 — 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Aug 8 —, 1928, that I last saw her alive on Aug 8 —, 1928, and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Chronic Nephritis (duration) yrs. mos.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 9 mos. 26 ds.

18 Where was disease contracted if not at place of death? Wash. D. C.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Postive

(Signed) Dr. W. H. Freeman, M. D.

8-8, 1928 (Address) 708 Euson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony cemetery

DATE OF BURIAL aug 11 1928

20 UNDERTAKER Lottie Gross

ADDRESS 1405 Mellderry

Spec.—1-10-21—M&T—1500 Bks.

(Johnston)

E 36380

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36380

## CERTIFICATE OF DEATH.

117

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST., 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Johnston

(a) RESIDENCE NO. Salem W. Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Davis

6 DATE OF BIRTH (month, day, and year): March 28-1901

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 4 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): Sch

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): West Virginia

PARENTS

10 NAME OF FATHER: Edward Johnston

11 BIRTHPLACE OF FATHER (City or town) (State or country): West Virginia

12 MAIDEN NAME OF MOTHER: Ella Gladwell

13 BIRTHPLACE OF MOTHER (City or town) (State or country): West Virginia

14 Informant (Address): Georgia Johnston 1510 Park Ave

15 Filed , 19 Registrar

1928 C. HAMPSON JONES, M. D.

per RRH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-7 1928

17

I HEREBY CERTIFY, That I attended deceased from 8/4, 1928, to 8/7, 1928,

that I last saw her alive on 8/7, 1928,

and that death occurred, on the date stated above, at 12.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic pelvic inflammation.

post partum infection - chronic endometritis & oophoritis. (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

Post operative ileus (duration) yrs. mos. 11 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8/3/28

Was there an autopsy? no

What test confirmed diagnosis? Gross & micro

(Signed) C. C. Figueroa, M. D.

, 19 (Address) St. Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salem W. Va. DATE OF BURIAL: 8/8 1928

20 UNDERTAKER: Wm Cook ADDRESS: 502 E. Nath

ec.—2-29-28—L. F. S.—500 Bks.

E 36381

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90

E 36381

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 949 N. Durham ST., 7 - 13 WARD)

2—FULL NAME Sophia Janowsek

(a) RESIDENCE NO. 949 N Durham ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of John Janowsek

DATE OF BIRTH (month, day, and year) Not known

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

Informant John Janowsek

(Address) 949 N Durham St

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

1928 RCH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/28

17 I HEREBY CERTIFY, That I attended deceased from July 25 19 28 to Aug 7 19 28

that I last saw h. alive on Aug 6 19 28

and that death occurred on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(duration) yrs. mon. 12 da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) J. H. Kaufmann M. D.

19 (Address) 600 North Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | July 10 19 28 |
| 20 UNDERTAKER Frank Brochon | ADDRESS 1800 Orleans |

ec.—2-29-28—L. F. S.—500 Bks.

E 36382

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36382

## CERTIFICATE OF DEATH

75-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 805 N. Rose ST., 7-12 WARD)

2—FULL NAME Mary Hershel

(a) RESIDENCE NO. 805 N. Rose ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

EX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of: Louis Hershel

ATE OF BIRTH (month, day, and year): Not Known

| GE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 59 | | | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

IRTHPLACE (city or town) (State or country): Czecho-slovakia

10 NAME OF FATHER: Joseph Matejka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Barbara Kakacek

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

Informant: Otto Hershel

(Address) 805 N Rose St

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1927, to August 6, 1928

that I last saw h[er] alive on August 6, 1928

and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Senile Paraplegia

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary): Encephalitis (Chron)

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operatinn precede death? No Date of

Was there an autnpsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Vincent V. Joska, M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill

DATE OF BURIAL: Aug 9 19 28

20 UNDERTAKER: Frank Brockson

ADDRESS: 1906 Eutaw

...ec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36383

## CERTIFICATE OF DEATH

E 36383

1—PLACE OF DEATH

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 3904 Callaway ave ST., WARD)

2—FULL NAME Maria Mack

(a) RESIDENCE NO. 3904 Callaway ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John C Mack

DATE OF BIRTH (month, day, and year): Not Known

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Bohemia

10 NAME OF FATHER: Jacob Ledbach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

Informant: John C Mack

(Address): 3904 Callaway ave

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7/28

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to Aug 7, 1928, that I last saw her alive on Aug 7, 1928, and that death occurred, on the date stated above, at 9.50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of groin & stomach

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. A. Cocain M. D.

8/7, 1928 (Address) 3901 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Aug 9 1928

20 UNDERTAKER: Wm J Carmichael Son

ADDRESS: 1906 Madison

...ec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36384 — CERTIFICATE OF DEATH — E 36384

75-002

1—PLACE OF DEATH — REGISTERED NO. 9-446

ITY OF BALTIMORE: (No. 703 Gorsuch Avenue ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret C. Donovan

(a) RESIDENCE NO. 703 Gorsuch Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 57 yrs. 6 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| emale | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Donovan

6 DATE OF BIRTH (month, day, and year) Jan. 22, 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 6 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER ------- Carr

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Lutz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Edward I. Donovan
(Address) 703 Gorsuch Avenue

Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1927, to aug 6th, 1928, that I last saw h alive on aug 6th, 1928 and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 8 mos. 28 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Consultation

(Signed) H. J. Strickler Jr. M. D.

aug 8 1928 (Address) 632 Gorsuch av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | 8/10 1928 |
| 20 UNDERTAKER Henry H. Mears & Son | ADDRESS 805 N Calvert |

Spec.—1-12-23—M&T—500 Blks.

E 36385 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 36385

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 East Federal ST., 8-17 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Ottenbacher

(a) RESIDENCE NO. 1820 East Federal ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E. Ottenbacher

6 DATE OF BIRTH (month, day, and year) July 7th. 1892

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 36 | 7 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper hanger

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Louis W. Ottenbacher

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Neanuim

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Mrs. Carrie Ottenbacher
(Address) 1820 E. Federal Street

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7th. 19 28

17 I HEREBY CERTIFY, That I attended deceased from about 3 months to Aug 7 . 19 28.
that I last saw him alive on Aug 7. 28. 19
and that death occurred, on the date stated above, at 4.15 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

3 months (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Dont Know
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) W. T. Riley, M. D.
Aug 8, 19 28 (Address) 1639 North Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | Aug 9" 19 28 |

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W. Balto St

ec.—1-12-23—M&T—500 Blks.

E 36386

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001

E 36386

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home of the Incurables ST., 12-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Willie Hanlon

(a) RESIDENCE NO. Annapolis Md ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Hanlon

DATE OF BIRTH (month, day, and year) Aug 23-1866

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 72 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Aa Co Md

PARENTS

10 NAME OF FATHER Wm Warden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Aa Co. Md

12 MAIDEN NAME OF MOTHER Emma Lydia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Aa Co Md.

14 Informant John Taylor

(Address) Annapolis Md

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Nov. , 1925 , to Aug 7 , 1928, that I last saw h~~e~~ alive on Aug 7 , 1928, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Sudden

(duration) yrs. mos ~ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Myocarditis (duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J W S Mayo M. D.

Aug 8, 1928 Address Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Bluff Annapolis Md

DATE OF BURIAL Aug 9 1928

20 UNDERTAKER Geo M. Smith & Son

ADDRESS 811 N Carey

Spec.—1-12-23—M&T—500 Blks.

Wolfe or 35

E 36387 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Fait Ave ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Anuszewski

(a) RESIDENCE NO. 2419 Fait Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 27 1927

| AGE Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|
| | 11 | 11 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Andrew Anuszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Garczynska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Andrew Anuszewski

(Address) 2419 Fait Ave

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Aug 8, 1928, that I last saw h alive on Aug 8, 19, and that death occurred, on the date stated above, at 1.50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) yrs. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel Janiszewski M.D.

8/8, 19 28 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus DATE OF BURIAL Aug 9 1928

20 UNDERTAKER John M Weber ADDRESS 401 S Chester St

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36388 ✓ E 36388

## CERTIFICATE OF DEATH.

44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2006 E. 31st St., 946 Ward)

2-FULL NAME Robert J. Coleman

(a) RESIDENCE NO. 2006 E. 31st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate E. Coleman

6 DATE OF BIRTH (month, day, and year) June 1-1858

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 70 | 2 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Robert Coleman

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret McCleary

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Kate Estelle Coleman

(Address) 2006 E. 31st St.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7 1928 19

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1928, to August 7, 1928, that I last saw him alive on August 6, 1928, and that death occurred, on the date stated above, at 7.01 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Xray

(Signed) J. L. Detrick, M. D.

, 19 (Address) 1800 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Woodlawn Cem. Aug. 10 1928

20 UNDERTAKER ADDRESS

Wm. C. Black 92 N. Broadway

C. HARRISON JONES, M. D.

1928

Cor.—12-9-25—A Co.—200 Bks.

E 36389

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36389

## CERTIFICATE OF DEATH.

91-002

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1900 Boone St., 9-18 Ward

2-FULL NAME Edward J Roberts

(a) RESIDENCE NO. 1900 Boone St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 ~~Single, Married, Widowed, or Divorced, (Write the word)~~: Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cordelia M. Roberts

6 DATE OF BIRTH (month, day, and year): July 13 1848

7 AGE: Years 80 Months — Days 15 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Isaac G. Roberts

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Eleanor Eslinger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bath Md

14 Informant: Miss Gertrude Roberts

(Address): 3912 Chatham Road

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition

(Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquiry

(Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Arteriosclerosis

(duration) for mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed G. Brady M. D.

(Coroner)

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial Aug 10 1928

20 UNDERTAKER: Putnam & Fox ADDRESS 1524 W Lafayette Ave

ec.—2-29-28—L. F. S.—500 Bks.

E 36390

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36390

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2610 Fred'k Ave ST., 22d WARD) REGISTERED NO. 25-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank L. Henry

(a) RESIDENCE NO. 2610 Fred'k Ave ST., 22d WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Henry

DATE OF BIRTH (month, day, and year) Sept 28 1863

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 9 | 28 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City

(c) Name of employer Various Dates

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Frank L. Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hattie Crandell (Address) 2610 Fred'k Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1928 to Aug 7, 1928

that I last saw h... alive on Aug 5 1928

and that death occurred, on the date stated above, at 12 40 A. m.

The CAUSE OF DEATH* was as follows:

Cyanosis of Face

(duration) yrs. 5 mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ... M. D.

8/8, 1928 (Address) 1779 Park Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | Aug 9th 1928 |

UNDERTAKER Wm. H. Shepherd ADDRESS 1850 W. Baltimore St

CAMPBELL-JONES, M.D.

Cor.—12-9-25—A Co.—200 Blks.

E 36391

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36391

## CERTIFICATE OF DEATH.

113

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. Johns Hopkins Hosp Ward 12-19

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lewis Green Lemmon

(a) RESIDENCE NO. 408 E Lanvale St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 27, 1927.

7 AGE: Years 0 Months Days 20 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Harry C. Lemmon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Co.

12 MAIDEN NAME OF MOTHER Jo Green.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carroll County, Md.

14 Informant Harry C. Green.

(Address) 1400 E. Lanvale St.

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 7- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. E. Gladden M. D.

(Coroner)

8/28, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leister Church, Cem. Carroll Co Md. Date of Burial 8/9 1928

20 UNDERTAKER: C. Vernon Lemmon ADDRESS 50 E. 22nd St.

Spec. 1-12-23—M&T—500 Blks.

E 36392

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36392

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Camell ST., 11-24 WARD 9) REGISTERED NO.

2-FULL NAME Willie Pettit

(a) RESIDENCE NO. 215 Camell ST., WARD

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) mar 16, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | — | 4 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Willie Pettit

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lovy Bias

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Lovy Bias 215 Camell St

15 Filed ..., 19... [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 19 28 to Aug 8, 19 28

that I last saw him alive on Aug 7, 19 28

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

whooping Cough

(duration) — yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pettigrew, M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Lincoln | 8/9 28 |
| 20 UNDERTAKER | ADDRESS |
| Adolphus Kahntwell | 1904 N Caston |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36393

## CERTIFICATE OF DEATH.

90 E 36393

REGISTERED NO. 25-72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 3557 Benson ST., WARD

2-FULL NAME Ida M. Williams

(a) RESIDENCE No. 3557 Benson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. D. S. Williams

6 DATE OF BIRTH (month, day, and year): Aug 19 1843

7 AGE: Years 84 — Months 11 — Days 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Henry Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Harriett Forsythe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Annie Williams

(Address) 3557 Benson St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7 19 28

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to Aug 7, 1928, that I last saw h alive on Aug 6, 1928 and that death occurred, on the date stated above, at 3-30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Contributory Senility

(duration) — yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis Duration Long

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) W. H. Crumbine M. D.

Aug 9 19 28 (Address) 3429 Clarinda St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Mary's Cemetery Hampden | Aug 9 1928 |
| 20 UNDERTAKER | ADDRESS |
| H S Marshall | 3539 Falls Road |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36394

## CERTIFICATE OF DEATH.

129

E 36394

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 861 Watts ST. 13-20 WARD)

2-FULL NAME John F. Harris.

(a) RESIDENCE No. 861 Watts ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Harris

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 58; Months; Days; If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor.

(b) General nature of industry, business, or establishment in which employed (or employer): 1910

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va "

PARENTS

10 NAME OF FATHER: unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va "

14 Informant: Jennie Harris (Address) 861 Watts

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7th 19 28

17 I HEREBY CERTIFY, That I attended deceased from May 30, 19 28, to Aug 7th, 19 28

that I last saw him alive on Aug 7th, 19 28

and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) J. C. Thuk M. D.

Aug 9 19 28 (Address) 2nd Pct Att Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Aug 9th 19

20 UNDERTAKER: A. Jones — ADDRESS: 1115 Gilmor St

21

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36395

## CERTIFICATE OF DEATH.

1145-00

E 36395

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital ST. 15-61 WARD)

2-FULL NAME Margaret Scherr

(a) RESIDENCE No. 3507 Springdale ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Samuel Scherr

6 DATE OF BIRTH (month, day, and year): april-15-1885

7 AGE: Years 43 Months 2 3 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jerry Schwartzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Russia

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Samuel Scherr

(Address): 3507 Springdale ave

15 Filed ___ ___, 19___ Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8 1928

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to Aug 8, 1928, that I last saw her alive on August 7, 1928, and that death occurred, on the date stated above, at 4:10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Thrombophlebitis following Caesarean Section (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Caesarean Date of July 17-1928

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John G. Murray Jr., M. D.

8/8, 1928 (Address) 9 East Chase Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bals Hebrew Cem DATE OF BURIAL 8/9 1928

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balto St

Spec.—1-12-23—M&T—500 Blks.

36396

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57 E 36396

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1222. Greenmount ave. WARD) 10-15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah. V. Smith

(a) RESIDENCE NO. 1222. Greenmount ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Smith

6b DATE OF BIRTH (month, day, and year) April 22/1861

7 AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 66 | 3 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER L. Yates.

11 BIRTHPLACE OF FATHER (city or town) (State or country) King George Co Va

12 MAIDEN NAME OF MOTHER Sarah. Rockat.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King George Co. Md.

14 Informant (Address) John R. Smith. 1222 Greenmount ave.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1925, to Aug. 7, 1928, that I last saw h alive on Aug. 7, 1928, and that death occurred, on the date stated above, at 3 8. m

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. L. Surgeon, M. D.

8/8, 1928 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL 8/9 1928

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Harford ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36397

## CERTIFICATE OF DEATH.

113 E 36397

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1309 Central Ward) 9-18

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Valentine J Schnabel

(a) RESIDENCE NO. 1309 N Central Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/13/27

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 2 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Valentine J Schnabel

11 BIRTHPLACE OF FATHER (city or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Thos McGee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md.

14 Informant Valentine J Schnabel

(Address) 1309 N Central ave

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) hrs. mos. 1 ds.

CONTRIBUTORY (Secondary) C Dawson

(duration) hrs. mos. 1 ds.

Aug 28 1928 (Signed) C C Yates M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial 8/10 1928

20 UNDERTAKER George J Ruth ADDRESS 1735 Edmondson Ave

spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36398 | 129 | E 36398

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2122 Harford Ave ST., 9-11-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward M. Russell

(a) RESIDENCE NO. 2122 Harford Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. — mos. — ds. How long in U. S., if foreign birth? 61 yrs. — mos. — ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Divorced |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Not Known

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nickel Plater.

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Walter S. Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas

12 MAIDEN NAME OF MOTHER Josephine Hennick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Sarah A. Miller

(Address) 2122 Harford Ave

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 8, 1928, that I last saw him alive on Aug 6, 1928 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

8/9, 1928 (Address) 1823 N. Wash Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Aug 10 1928

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St

1926 BANCROFT JONES M. D.

Dec.—1-12-23—M&T—500 Blks.

36399

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36399

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1126 Edmondson ST., (16-22 WARD)

2-FULL NAME Edward Johnson.

(a) RESIDENCE NO. 1126 Edmondson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colour

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1878

8 AGE: Years 40; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Amelia Co. Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Rebecca Johnson 1126 W Gittmore St

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to Aug 6 1928 that I last saw h alive on Aug 6 1928 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 7 mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. N. Hatcher M.D.

8/9 1928 (Address) 1126 Penna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn cemetery

DATE OF BURIAL: aug 9 1928

20 UNDERTAKER: T E Kelson

ADDRESS: 1303 Pennsylvania Ave

ec.—2-29-28—L. F. S.—500 Bks.

E 36400

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129

E 36400

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 811 S. Milton Ave ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Kosinski,

(a) RESIDENCE NO. 811 S. Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? 53 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Kostancija Kosinski,

DATE OF BIRTH (month, day, and year) ------- 1858

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 70 | 0 | 0 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer,

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland,

10 NAME OF FATHER John Kosinski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

Informant Kostancija Kosinski, (Wife)

(Address) 811 S. Milton Ave

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 28

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to Aug 8, 1928, that I last saw h alive on Aug 8, 1928 and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. unknown.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis

(duration) yrs. unknown.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank A Jannuzzi M. D.

8/9, 1928 (Address) 2431 Eid Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Stanislaus. | Aug. 11" 1928, |
| 20 UNDERTAKER | ADDRESS |
| M. J. Sadowski | 705 S. Linn St |

Cor.—12-8-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36401

## CERTIFICATE OF DEATH.

E 36401

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 810 N Bond St., 1-13 Ward)

2-FULL NAME John Lager

(a) RESIDENCE NO. 810 N Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 9 mos. 6 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colord | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15 1901

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 27 | 9 | 6 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER George Lager

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Clarbaw

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.Y.

14 Informant George Lager

(Address) 810 N. Bond St

15 Filed....., 19.... 2145 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest on the (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed) (Coroner) M. D.

Aug 6, 19 28 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Asbury cemetery Aug 9 19 28

20 UNDERTAKER Edward Bryan ADDRESS 631 Orleans St

Doc.—2-29-28—L. F. S.—500 Bks.

E 36402 E 36402 E 36402

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 32

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alverta Green

(a) RESIDENCE NO. Sycamore Ave ST., Sparrows Point WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. (?) 1927

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 9 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Burton Green

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Nettie

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1928, to Aug 7, 1928, that I last saw h.e.r alive on Aug 7, 1928 and that death occurred, on the date stated above, at 9:00 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lyman Mendes M. D.

Aug 8 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakmont Cemetery — DATE OF BURIAL Aug 9 1928

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1711 Eastlake Ave

Spec.—2-29-28—L. F. S.—500 Blks.

216140

E 36403

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E. 36403

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Edwards —

(a) RESIDENCE NO. 1303 Ashburton ST., — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Married |

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ernest

DATE OF BIRTH (month, day, and year) December 1903

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 25 — | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va —

10 NAME OF FATHER Ben Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va —

12 MAIDEN NAME OF MOTHER Lucy Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va —

4 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

5 Filed 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug - 7 - 28

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Aug 7, 1928, that I last saw h[illegible] alive on Aug 7, 1928 and that death occurred, on the date stated above, at 1 35 P. m.

The CAUSE OF DEATH* was as follows:

Subacute endocarditis
Chronic endocardial (rheumatic)
Mitral stenosis & insufficiency
Aortic " (duration) Sept. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James Bordley Jr. M. D.

8-7, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Forest Vil. | Aug 9 1928 |
| 20 UNDERTAKER Mrs. P. C. Elbert | ADDRESS 1725 Carlton |

Spec.—1-12-23—M&T—500 Blks.

E 36404

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36404

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Riviera Apts. ST. (or WARD) 13-39

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Hellman

(a) RESIDENCE NO. Riviera Apts. ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Myer Hellman

6 DATE OF BIRTH (month, day, and year): Oct. 20 1854

7 AGE — Years: 73 Months: 9 Days: 18 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Louisville Ky.

PARENTS

10 NAME OF FATHER: Henry Raul

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. A. Hecht Riviera Apts

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 8, 1928.

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to Aug 8, 1928.
that I last saw her alive on Aug 8, 1928
and that death occurred, on the date stated above, at 945 p m.
The CAUSE OF DEATH* was as follows:
Angina Pectoris.

(duration) ... yrs. 5 mos ... ds.
CONTRIBUTORY — Myocarditis
(Secondary)
(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Joseph W. Kelly, M. D.
Aug 9, 1928 (Address) 1207 Cedar Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: 8/10/28

20 UNDERTAKER: Harry Sondheim

ADDRESS: 1514 W. Mt. Royal Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36405

## CERTIFICATE OF DEATH.

E 36405

1-PLACE OF DEATH Mudgar Mill Road

CITY OF BALTIMORE: (No.) Hillsdale ST. 28th WARD

2-FULL NAME Florence M. Tucker

(a) RESIDENCE NO. Hillsdale ST. 28th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Tucker

6 DATE OF BIRTH (month, day, and year) 1869

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 59 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER William Read

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lydia Steel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Joseph E. Tucker (Address) Hillsdale, Md.

15 Filed Aug 11 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7. 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1923, to Aug 7th, 1928.

that I last saw h[illegible] alive on Aug 7th, 1928

and that death occurred, on the date stated above, at 12. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Lesions

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Enlarged Thyroid Gland (duration) 4 yrs. 6 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo F Eversfield M. D.

8/7 1928 (Address) Woodsonville P.O. Md.

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cemetery DATE OF BURIAL Aug 11, 1928

20 UNDERTAKER John P. Denny ADDRESS 715 Light St

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36406

## CERTIFICATE OF DEATH.

E 36406

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1503 N Caroline ST., Folk (WARD) 9-17

2-FULL NAME Sarah Bates

(a) RESIDENCE NO. 1503 N Caroline ST., Folk WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas H. Bates

6 DATE OF BIRTH (month, day, and year) Nov 17 1845

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 82 | 8 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Gourley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mamie E Bates

(Address) 1502 N Folk St

15 Filed Aug 9, 1928 Neal Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1928, to August 8, 1928, that I last saw h alive on August 7th, 1928, and that death occurred, on the date stated above, at 7 30 A m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Excessive Heat

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Walter A. Meyer M. D.

8 1928 (Address) 1031 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL Aug 11 1928

20 UNDERTAKER John Merrick ADDRESS 2008 Orleans

Cor.—12-9-25—A Co.—200 Bks.

E 36407

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. 4-30 St., 185 Ward)

REGISTERED NO. E 36407

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta Matthews

(a) RESIDENCE NO. Gorsuch md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) Jan. 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| [redacted] | 1 | 17 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md

(State or country)

PARENTS

10 NAME OF FATHER Walter Matthews

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md.

12 MAIDEN NAME OF MOTHER Rose Sparrow

13 BIRTHPLACE OF MOTHER (city or town) md

(State or country)

14 Informant Walter Matthews

(Address) Gorsuch md

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage (accidental.) (Hours)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho - pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edgar Hill M. D. (Coroner)

8/9, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Cemetery Sorsuch md Date of Burial Aug 10 1928

20 UNDERTAKER Scott M. Shaw ADDRESS Ellicott City

Spec.—1-12-23—M&T—500 Bks.

36408

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36408

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes. Hospital

CITY OF BALTIMORE: (N ..... ST., 24-34 WARD)

REGISTERED NO. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Heman Hochler,

(a) RESIDENCE No. 107 Blemsberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Thder,

6 DATE OF BIRTH (month, day, and year): April 16 1866

7 AGE: 62 Years 63 Months 3 Days 25 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Switzerland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Switzerland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Switzerland

14 Informant: daughter Mrs Anna Rogers

(Address) 107 Blumsberry St

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-8 — 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-6, 1928, to 8-8, 1928,

that I last saw him alive on 8-8, 1928,

and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

following an operation for

Appendicale Abscess.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) ~~Septicaemia condition~~ following absorption of toxins.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-7-28

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings

(Signed) L. Clarence Olin, M. D.

, 19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Aug 10 1928

20 UNDERTAKER: Chas. L. Strouse

ADDRESS: 1501 E Fort Ave,

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36409

CERTIFICATE OF DEATH.

113

E 36409

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) James C. Woomer St. 24-33 (Ward)

2-FULL NAME 1320 Webster

(a) RESIDENCE NO. 1320 Webster St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 9 1926

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 8 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Madalen Woomer

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant James Woomer

(Address) 1320 Webster

15 Filed 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 9, 1928

that I last saw h... alive on Aug 8, 1928

and that death occurred, on the date stated above, at 5-45 A.m.

The CAUSE OF DEATH was as follows: Acute Colitis

No Evidence of Dysentery

(duration) ...yrs. ...mos. 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted —

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Baltimore Co | Aug 10 1928 |

20 UNDERTAKER Chas. L. Storm

ADDRESS 150 S Fort Ave

[illegible] HARRISON JONES, M. D.
1928

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36410 ✓ E 36410

## CERTIFICATE OF DEATH.

90

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1536 McElderry St., 7-9 Ward)

2-FULL NAME Madison Powell

(a) RESIDENCE NO. 1536 McElderry St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ✓ mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | colored | widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 73 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) _____

(State or country) Richmond Va

PARENTS

10 NAME OF FATHER Albert Powell

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va

14 Informant Indiana Gray

(Address) 1536 McElderry St

15 Filed _____, 19 _____ C. HAMPSON JONES, M. D. Registrar

RR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Aug 7

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to Aug 7, 1928, that I last saw h[illegible] alive on Aug 6, 1928, and that death occurred, on the date stated above, at 6.35 P m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Indefinite (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(duration) _____ yrs. _____ mos. 3 ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

8-8-1928 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. Date of Burial 8-11 1928

20 UNDERTAKER Byron Wright ADDRESS 1218 McElderry St

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36411 ✓ E 36411

## CERTIFICATE OF DEATH

16-002

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1817 Orleans ST., 6-9 WARD)

2—FULL NAME Leon Ralph Brown

(a) RESIDENCE NO. 1817 Orleans ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | S. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-15-27

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | | 7 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Ernest Brown

11 BIRTHPLACE OF FATHER (city or town) Orangeburg
(State or country) S. Ca.

12 MAIDEN NAME OF MOTHER Lillian Trusty

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Lillian Brown Mother
(Address) 1817 Orleans St

15 Filed ....., 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 / 28

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to Aug 8, 1928, that I last saw h~~e~~ alive on Aug 8, 1928, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Peritonitis Appendicitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Ileo Colitis Acute

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? No (Home)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

(Address) 607 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 8-10 1928

20 UNDERTAKER Byrom Wright

ADDRESS 1218 McElderry St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36412

E 36412

## CERTIFICATE OF DEATH.

188-203

24-33

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital Ward 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Thomas. C.

(a) RESIDENCE NO. Richmond, Va. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Do not know. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Hospital Report.

(Address)

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Automobile collision.
Accidental Death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Albert L. Reinhardt M. D.

(Coroner)

8/8 · 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Crain Highway, 5th Ave E. Glen Burnie.

Former or usual residence A.A.Co. Md. June 30, 1928

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D.

UNIVERSITY OF MARYLAND.

AUG 9 - 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36413

## CERTIFICATE OF DEATH.

198 E 36413

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) J. H. Hosp. St. 6-9 Ward)

2-FULL NAME Eugene Moore

(a) RESIDENCE NO. 1826 Dulaney St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Black | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 34 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed....., 19.... C. HAMPSON JONES, M. D.

Per ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: (Over)

Stab Wound Abdomen

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pentonitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

(Address) 43 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER ADDRESS

AUG 19 1928

Key Impression. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 36414

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36414

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 7-9 Ward)

2-FULL NAME ROBERT DORSEY RILEY

(a) RESIDENCE NO. Lake Shore, Pasadena P.O. Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) June 27, 1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 3 | 1 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Riley

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hilda Boblitz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Hilda Riley (Mother)

(Address) Pasadena Md.

15 Filed ..... 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon, and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ..... yrs. ..... mos. ..... ds.

9/28 (Signed) H. C. Blades M. D.

(Coroner)

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Mount Carmel Cemetery | Aug. 10, 28 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| Henry Sander & Sons, Inc. | BALTIMORE ST. & BROADWAY |

Very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36415 90 E 36415

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6606 Flut ST., 2-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Malachowska

(a) RESIDENCE NO. 6606 Flut St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F (Female)

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Frank.

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 40 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Frank Kalski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: F. Malachowski

(Address) 6606 Flut St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): aug 8. 28

17

I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1928, to Aug. 8, 1928, that I last saw her alive on Aug. 8, 1928 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation (Cor)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Mucyowski, M. D.

8/9, 1928 (Address) 2599 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Aug 11 1928

20 UNDERTAKER: A. W. Gazinski — ADDRESS: 1930

Spec.—2-29-28—L. F. S.—500 Bks.

E 36416

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36416

## CERTIFICATE OF DEATH

44

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Ensor St. ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Miodunzenski

(a) RESIDENCE NO. 2216 Ensor St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 53 | - | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Miodunzenski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Miodunzenski
(Address) 2216 Ensor

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7-28

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to Aug. 7, 1928, that I last saw him alive on Aug. 7, 1928, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Carcinoma Cardiac end Stomach

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray - P. E. & S.

(Signed) John V. Soderbichi, M. D.

, 19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary | Aug 10 - 1928 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| F. W. Gazewski | 1930 Eastern Ave |

Spec.—1-10-21—M&T—1500 Blks.

E 36417 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 16-002 E 36417

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp ST., 1-1 WARD)

2-FULL NAME Rudi Brandt.

(a) RESIDENCE NO. 1117 Kenwood Ave ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred — yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | white. | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 24-1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | — | 9 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md

PARENTS

10 NAME OF FATHER August Brandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant Elizabeth Brandt (Address) 1117 S. Kenwood ave

15 Filed , , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-5, 19 28, to 8-9, 19 28, that I last saw him alive on 8-8, 19 28, and that death occurred, on the date stated above, at 1 AM m.

The CAUSE OF DEATH* was as follows:

Bacillary Dysentery (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Dehydration + acidosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balt.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) C. C. Simpson M. D.

, 19 (Address) St. Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery DATE OF BURIAL Aug 10 1928

20 UNDERTAKER George W. Zinkler ADDRESS 1737 E Eager st

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 36418 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36418

**CERTIFICATE OF DEATH.** 74-001

6-9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp. ST., (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Lafayette

(a) RESIDENCE NO. 418 N. Amer. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | Black. | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Hosp. Record

15 Filed ... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-8 19 28

17 I HEREBY CERTIFY, That I attended deceased from 7-25, 19 28, to 8-8, 19 28,

that I last saw her alive on 8-8, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
left side

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balt

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? yes?

(Signed) A B Hendrix, M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn cemetery — DATE OF BURIAL: Aug 11 19 28

20 UNDERTAKER: Edward Bryan — ADDRESS: 639 N. Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

E 36419 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36419

# CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4401 Glenarm Ave ST., WARD 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nattie G Love

(a) RESIDENCE NO. Back River Neck ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: C. Wilbur Love

6 DATE OF BIRTH (month, day, and year): July 25 1889

7 AGE — Years: 39 — Months: — Days: 14 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Back River Neck Md

PARENTS

10 NAME OF FATHER: John H. Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Patapsco Neck Md

12 MAIDEN NAME OF MOTHER: Mary E Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Mary E Hughes

(Address) 4401 Glenarm ave

15 Filed , 19 HARRISON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 , 1928 , to Aug 8 , 1928 ,

that I last saw her alive on Aug 8 , 1928 ,

and that death occurred, on the date stated above, at 9 40 p m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thomas J Hirsh M. D.

, 19 (Address) 5826 Second St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Aug 11 1928

20 UNDERTAKER: John F Denny — ADDRESS: [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 36420

## CERTIFICATE OF DEATH.

31 E 36420

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 424 W Biddle ST. 11-24 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Williams

(a) RESIDENCE NO. 424 W Biddle ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 24 1914

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 14 | 3 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Ralph Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Viola Bradford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Viola Williams (Address) 424 W. Biddle St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to Aug 8, 1928, that I last saw her alive on Aug 8, 1928, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary T.B.

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Dr Lacy

(Signed) Dr. C. Lacy M. D.

, 19 (Address) 424 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Calvary | Aug 10 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm. P. G. Elliott | 1725 Madison |

THIS IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

Weston

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36421 — E 36421

## CERTIFICATE OF DEATH.

5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 912 N Eutaw ST. 11-24 WARD

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Weston

(a) RESIDENCE NO. 912 N Eutaw ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Weston

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE — Years 56 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Richard Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Adelaide Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlestown

14 Informant John Weston Husband
(Address) 912 N Eutaw St.

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17 I HEREBY CERTIFY, That I attended deceased from July 2nd, 1928, to Aug 8th, 1928, that I last saw h[illegible] alive on Aug 8th, 1928, and that death occurred, on the date stated above, at 4:10 p.m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) ... yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Edward Schaefer M. D.

, 19 (Address) 607 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cem DATE OF BURIAL Aug 10 1928

20 UNDERTAKER Samuel Hemsley & Bodie ADDRESS 1928

IT IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36422

## CERTIFICATE OF DEATH.

90 E 36422

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 204 (St.) Federal (Ward) 12-19

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie L. Brown

(a) RESIDENCE No. 204 Federal St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel L Brown

6 DATE OF BIRTH (month, day, and year): Dec 26 1886

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: James Ware

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Deacon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Samuel L Brown

(Address): 204 Federal St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8.6 1928

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to Aug 4th, 1928, that I last saw h[illegible] alive on Aug 4th, 1928 and that death occurred, on the date stated above, at 10 P m

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Had heart disease for

Months (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Tolbert, M. D.

Aug 9 1928 (Address) 211 N. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: Aug 10 1928

20 UNDERTAKER: Samuel Hensley — ADDRESS: 578 N Eddy

C37

HOWARD W. JACKSON, JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 36423

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 36423

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hosp H. St. 15-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannis Hawke

(a) RESIDENCE NO. 1540 N Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 1st 1866 (1867)

7 AGE: Years 60 Months Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Blackstone Va

PARENTS

10 NAME OF FATHER Henry Stewart

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Jane Evans

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Va

14 Informant Mrs N Hawke

(Address) 1540 N. Stricker St

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc Fall in yard

Fracture R femur

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arterio

(duration) yrs. mos. ds.

(Signed) C C Slade M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blackstone Va Date of Burial Aug 11 1928

20 UNDERTAKER Samuel H Hawley ADDRESS 1538 Mc Elderry

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

21650

E 36424

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

32

E 36424

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 13-19 WARD)

2—FULL NAME Ernest Reddicks -

(a) RESIDENCE NO. 2573 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31 - 25

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2½ | 9 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Charles Reddicks

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Edith Coles

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 10 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 - 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 19 28, to Aug 5, 19 28

that I last saw him alive on Aug 5, 19 28

and that death occurred, on the date stated above, at 11 55 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) — yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Generalized Tuberculosis, Renal Incap.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 8/10/ 19 28

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 163 Druid Hill

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36425

## CERTIFICATE OF DEATH

129

E 36425

1-PLACE OF DEATH Jenkins Memorial Hospital, REGISTERED NO.

City of BALTIMORE: (No. 6000 Caton Ave., St., Ward) 25-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph J. Minnick,

(a) RESIDENCE NO. 2017 H. St. Stanmore Pl. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Minnick

6 DATE OF BIRTH (month, day, and year) June 2 — 1856

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 72 | 2 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General natore of industry, business, or establishment in which employed (or employer) R.R. Engineer

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Joseph Minnick

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Debron

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Jenkins Memorial Hospital

(Address) 6000 Caton Ave.

15 Filed ..... 19 ..... Registrar

AUG 10 1928 CLARENCE JONES, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1927 to Aug. 9, 1928.

that I last saw him alive on Aug. 8, 1928.

and that death occurred, on the date stated above, at 7.10 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hypertension

Chronic Interstitial Nephritis

(doration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage Last attack

(doration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) George A. Guzman M. D.

Aug 9 1928 19 (Address) 104 N. Charles St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 8/13 1928

20 UNDERTAKER Chas F. Grand & Son ADDRESS 1181 W. Baltimore & Royal Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36426 ✓ E 36426

## CERTIFICATE OF DEATH

65-001

1-PLACE OF DEATH St Joseph Hospital REGISTERED NO. 1825

CITY OF BALTIMORE: (No.) Chilton & Preston ST. WARD 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann E. Sinclair

(a) RESIDENCE NO. 1042 W Franklin ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Sinclair

6 DATE OF BIRTH (month, day, and year) July 14, 1847

7 AGE Years 81 Months 0 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co Md.

PARENTS

10 NAME OF FATHER John B. Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth R. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Henry C. Norris

(Address) 1042 W. Franklin St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-8-28, 19, to 8-9-28, 19, that I last saw h alive on 8-9-28, 19, and that death occurred, on the date stated above, at 6.45 Pm.

The CAUSE OF DEATH was as follows:

acute Lymphoid Leukemia

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Auricular fibrillation

dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical course

(Signed) A B Hendrix, M. D.

, 19 28 Address Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. | DATE OF BURIAL Aug 14, 28

20 UNDERTAKER Wm J Ketner Sons | ADDRESS Notre Dame

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36427

## CERTIFICATE OF DEATH.

74-001
13-52

E 36427

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. Home for Incurables ST., WARD)

2-FULL NAME Christina Clemons

(a) RESIDENCE No. Home for Incurables ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Clemons

6 DATE OF BIRTH (month, day, and year): Mar. 13, 1863

7 AGE: Years 65 | Months 4 | Days 25 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Philip Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Mrs. M. Kolk

(Address) 909 9th St. Evansville

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8th 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926 to Aug 8, 1928 that I last saw h[illegible] alive on August 8, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage - Right Hemiplegia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Pneumonia oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W W Mayo M. D.

Aug 9th 1928 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Aug 13 1928

20 UNDERTAKER: Wm Puckett Sons ADDRESS: Hotel Ha[illegible]

Spec.—1-12-23—M&T—500 Blks.

E 36428

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

162 E 36428

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Gorsuch Av ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gerhig S Schlaffh.

(a) RESIDENCE NO. 1733 Gorsuch Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 8/28.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or 5 min. |
|---|---|---|---|---|
| — | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Schlaffh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Maria Bauer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Henry Schlaffh. (Address) 1733 Gorsuch Ave.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1928, to Aug 8, 1928, that I last saw h alive on Aug 8, 1928, and that death occurred, on the date stated above, at 4 00 PM.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malformation Dyspnoea

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas B Lehman M. D.

Aug 9, 1928 (Address) 7127 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St Vincent Cemetery. Aug. 9 1928

20 UNDERTAKER — ADDRESS

Geo. F. Rust 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36429

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36429

## CERTIFICATE OF DEATH.

100-001

12-51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Cresmont Ave. ST., WARD)

2-FULL NAME Julia Burns

(a) RESIDENCE NO. 2909 Cresmont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 8, 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 62 | 5 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co.

PARENTS

10 NAME OF FATHER Edw. Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Kilmurry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Catherine MeNeal

(Address) 2909 Cresmont Ave

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928 to Aug. 9, 1928 that I last saw her alive on Aug. 9, 1928 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Septic (Gonelia) Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pernicious Anaemia. Possibly (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Amerith Lovell M.D.

, 19 (Address) 325 Liberty Hgts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Aug. 11, 1928

20 UNDERTAKER Rita Neufeld

ADDRESS 914 Gremont Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36430

## CERTIFICATE OF DEATH.

129 E 36430

1-PLACE OF DEATH University Hospital • 23-33 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ..... WARD) .....

2-FULL NAME Percy Randel Williams

(a) RESIDENCE NO. 1320 Marshall ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | married |

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mrs Percy R. Williams

6 DATE OF BIRTH (month, day, and year) April 1st 1903

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 2. | | 4 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer) Newspaper business

(c) Name of employer Baltimore News

9 BIRTHPLACE (city or town) (State or country) Calvert County, Md

PARENTS

10 NAME OF FATHER Henry Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert County, Md

12 MAIDEN NAME OF MOTHER Katie Cochran

13 BIRTHPLACE OF MOTHER (city or town) Calvert (State or country) Maryland

14 Informant Katie Williams (Address) 1320 Marshall St.

15 Filed AUG 10 1928 19.. RKK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9th 1928

17

I HEREBY CERTIFY, That I attended deceased from July 2d, 1928, to August 9th, 1928, that I last saw him alive on August 9th, 1928, and that death occurred, on the date stated above, at 1:45 A.m.

The CAUSE OF DEATH* was as follows:

An infection of undetermined cause.

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Nephritis-diffuse, Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? In Baltimore or vicinity

Did an operation precede death? Yes Date of August 4th

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Gundry, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lorraine Cemetery | Aug 11, 28 |
| 20 UNDERTAKER | ADDRESS |
| Margaret J. Flynn | 1407 Light St. |

Spec. 6-9-19 H. P. Co. 1000 Blks.

E 36431 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36431

CERTIFICATE OF DEATH.

92

REGISTERED NO. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 6206 Wilder Ave ST. (Ward)

2-FULL NAME John Richard Carey

(a) RESIDENCE. No. 6206 Wilder Ave ST., ..... WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bush Cary

6 DATE OF BIRTH (month, day, and year): Nov 20 1857

7 AGE: Years 70 Months 8 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Egbert S. Cary

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Richard L. Cary

(Address) 6206 Wilder Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 8, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1928, to Aug. 8, 1928

that I last saw him alive on Aug. 8, 1928

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) — Not known

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Maurice E. Shamer M. D.

8/9/1928 (Address) 3300 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge DATE OF BURIAL: Aug. 10 1928

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Pl.

THIS IS VERY important. See instructions on back of certificates.

(FAVORABLE) 16 TO 1928

Spec.—1-12-23—M&T—500 Blks.

E 36432 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

129 E 36432

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Ann ST. 2-4 WARD)

2-FULL NAME MARGARET CARROW

(a) RESIDENCE NO. 520 S. Ann ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Carrow

6 DATE OF BIRTH (month, day, and year) April 24, 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 76 | 3 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Thomas Eddinfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Clara Friemiller (Daughter)

(Address) 2405 Fait Ave.

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1928, to August 8, 1928, that I last saw h[illegible] alive on August 8, 1928 and that death occurred, on the date stated above, at 6.05 p. m.

The CAUSE OF DEATH* was as follows:

[illegible]

(duration) yrs. mos 1 05 ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N S Date of

Was there an autopsy? N S

What test confirmed diagnosis? Symptoms & appearances

(Signed) [illegible] M. D.

19 (Address) 1623 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delaware City Del. DATE OF BURIAL August 11, 19 28

20 UNDERTAKER Henry Sander & Sons Inc ADDRESS BALTIMORE ST & BROADWAY

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36433

## CERTIFICATE OF DEATH.

E 36433

1-PLACE OF DEATH St. Agnes. Hospital

REGISTERED NO. 20-71 152

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Brunner,

(a) RESIDENCE NO. 311 Augusta ave, Irvington WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3 22 - 18.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 10 | 4 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER George J Brunner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine McHugh

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant George J Brunner
(Address) 311 Augusta Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9 19

17 I HEREBY CERTIFY, That I attended deceased from 8-3, 1928, to 8-9, 1928, that I last saw h[illegible] alive on 8-9, 1928, and that death occurred, on the date stated above, at 3 9 a.m.

The CAUSE OF DEATH* was as follows:

Pyaemia.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chorio-Carbuncle.

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

, 19 (Address) 26 E [illegible] St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | 8-11-1928. |

20 UNDERTAKER M. Fahey & Sons

ADDRESS 1827 W North Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36434

## CERTIFICATE OF DEATH.

194 E 36434

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 927 S. China ST.; 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Brown

(Residence in Baltimore: No. 927 S. China St.; 2 5 yrs., mos., ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Cal

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ? (Month) ? (Day) 1866 (Year)

7-AGE, 62 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): N.D.

9-BIRTHPLACE, (State or Country), Eastern Shore, Md.

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Brown

(Address) 127 S. Chris 21

15-

Filed ..., 191... Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 8 (Month) 8 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7-10-28 191..., to 8-8-28 191..., that I saw h[illegible] alive on " 191..., and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Heart, Colitis, Senility

(Duration) yrs. 1 mos. ds.

(Signed) F. H. Cardozo M. D.

8-7-28, 191... (Address) 1524 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. Laurel Cem

DATE OF BURIAL, Aug. 11, 1928

20-UNDERTAKER Wm. H. Lee & Sons

ADDRESS 1302 Jefferson

HAMPSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36435

## CERTIFICATE OF DEATH.

REGISTERED NO. E 36435

1-PLACE OF DEATH

City of BALTIMORE: (No. 603 Caton Avenue St., 20-70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lilly M. Swope

(a) RESIDENCE NO. 603 Caton Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank R. Swope

6 DATE OF BIRTH (month, day, and year) October 30, 1883

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 44 | 9 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick

(State or country) Maryland

PARENTS

10 NAME OF FATHER Frank H. Bender

11 BIRTHPLACE OF FATHER (city or town) Frederick

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Bell

13 BIRTHPLACE OF MOTHER (city or town) Frederick

(State or country) Maryland

14 Informant Mr. Frank R. Swope

(Address) 603 Caton Ave.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 10 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 15, 19 28, to aug 10, 19 28

that I last saw h[illegible] alive on aug 9, 19 28

and that death occurred, on the date stated above, at 4:45 a m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) same

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Gertrude Kieffer, M. D.

aug 10, 19 28 (Address) 2432 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md. Date of Burial Aug. 13 19 28

20 UNDERTAKER Joseph B Cook ADDRESS 1003 West Baltimore St.

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36436

## CERTIFICATE OF DEATH.

129 E 36436

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 214 S. Sharp St. St., 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Grigalunas.

(a) RESIDENCE NO. 214 S. Sharp St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ---mos. ---ds. How long in U. S., if of foreign birth? 17 yrs. ---mos. ---ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, XXXXXXXXXXXXX HUSBAND of XXXXXXXXX Mary Grigalunas.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 51 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Lithuania.

PARENTS

10 NAME OF FATHER Adam Grigalunas.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Lude Sianoneis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lithuania.

14 Informant Mary Grigalunas. (wife)

(Address) 214 S. Sharp St.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.
Dementia.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Leonhardt M. D.
(Coroner)

8/9, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial aug. 11. 1928

20 UNDERTAKER John Greblianckus ADDRESS 4238 Pow

very important. See instructions on back of certificate. Name of deceased, if known, must be given in 2. Name of husband or wife must be given in 5a. Name of parent must be given in 10 or 12. Name of informant must be given in 14. Name of undertaker must be given in 20. Every question on certificate must be answered. Name of occupation is

Spec.—1-12-23—M&T—500 Bks.

E 36437

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

160-001 E 36437

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., ..... WARD) 22-36

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Bradley

(a) RESIDENCE NO. 500 block Hanover ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Single |

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Eliz Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country) See

12 MAIDEN NAME OF MOTHER E. Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Rucks
(Address)

[illegible]MORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9 1928

17

I HEREBY CERTIFY, That I attended deceased from 2-28, 1928, to 8-9, 1928, that I last saw him alive on 8-9, 1928, and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis, General, Decubitus ulcers (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Black, M. D.

, 19 (Address) [illegible]LTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violence, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesleyan Cem. DATE OF BURIAL 8/11 1928

UNDERTAKER Daniel Easton ADDRESS Pa Ave.

TION is very important. See instructions on back of certificates.

Spec.—12-0-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36438

## CERTIFICATE OF DEATH.

129 E 36438

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2010 Pa. ave St., 14 Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Henry Gosnell

(a) RESIDENCE NO. 2010 Pa. ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 51; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 0/0

9 BIRTHPLACE (city or town):

(State or country) Pikesville, md.

PARENTS

10 NAME OF FATHER Agustus M. Gosnell

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Carroll County md.

12 MAIDEN NAME OF MOTHER Mary W Butler

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Frederick County md.

14 Informant Sister D. Lezian

(Address) 2010 Pa. Ave. Balto. md.

15 Filed....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

August. 9th 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1928, to Aug. 9th, 1928, that I last saw him alive on Aug 9th, 1928, and that death occurred, on the date stated above, at 7.20 P.m.

The CAUSE OF DEATH* was as follows:

nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exposure and diet.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms

(Signed) Ernest C. Melton, M. D.

, 19 (Address) 2029 Pa. ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MT Auburn — Date of Burial: 8/11 1928

20 UNDERTAKER: Gorsuch Easton — ADDRESS: 916 Pennsylvania ave

OF DEATH in plain terms, so that it may be properly classified. FAILURE STRICTLY TO OBSERVE THIS very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

216625

E 36439

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

152 E 36439

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., (Ward) 17 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Naomi Hayes

(a) RESIDENCE NO. 651 N Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | black | single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 29 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0/0

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Adelaide Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Aug 9, 1928

that I last saw h.. alive on Aug 9, 1928

and that death occurred, on the date stated above, at 9 25 P m.

The CAUSE OF DEATH* was as follows:

Staphylococcus aureus Septicaemia from furuncle in nose

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Clinical Exams & tests

(Signed) Walter W. Eagle, M. D.

8/9, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Aug 12 1928

20 UNDERTAKER John H. Toadvine

ADDRESS 1627 Pond Ave.

Spec.—1-12 23—M&T—500 Blks.

E 36440

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36440

## CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ST., WARD)

2-FULL NAME Baby Ward

(a) RESIDENCE NO. 1122 N. 20th St. WARD 12-20

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1928

7 AGE Years Months Days If LESS than 1 day, 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Ernest Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital

15 Filed , 19 12 PM Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8-1, 1928, to 8-1, 1928

that I last saw her alive on 8-1, 1928

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) E. L. Brown M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

AUG 10 1928

By Wm E Woodall

Spec.—1-12 23—M&T—500 Blks.

E 36441

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36441

## CERTIFICATE OF DEATH. 161-002

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Johns Hopkins Hosp ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sally Rouiller

(a) RESIDENCE No. 1323 Bucks Lane WARD 24-63

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25, 1928

7 AGE Years Months Days If LESS than 1 day, 6 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Theodore A. Rouiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Helen Speed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital

15 Filed , 19 AUG 10 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25th 28

17 I HEREBY CERTIFY, That I attended deceased from 7-25, 19 28 to 7-25, 19 28

that I last saw h[illegible] alive on 7-25, 19 28,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Fracture Cranial

Injury

Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bucks Extraction

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) H. G. Dorsey M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19 AUG 10 1928

20 UNDERTAKER Commissioner of Health

ADDRESS

For [illegible]

Spec.—1-12-23—M&T—500 Blks.

E 36442 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 161-001 E 36442

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruby Berry

(a) RESIDENCE NO. 2001 Oakley St. WARD 21-56
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 30, 1928

7 AGE Years Months Days If LESS than 1 day 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Eva Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital

15 Filed , 19 2605 ANH Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-30, 19 28, to 7-30, 19 28 that I last saw her alive on 7-30, 19 28 and that death occurred, on the date stated above, at 5.00 A. m.

The CAUSE OF DEATH was as follows:

Prematurity.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. H. Douglas M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health

ADDRESS AUG 10 1928

FROM BACK of application. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36443

REGISTERED NO. 31 E 36443

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jessie White

(a) RESIDENCE NO. 34 E. Monument ST., between Spring & Eden sts WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Colored | Baby |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 Mos | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jesse White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hattie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 10 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to August 3, 1928, that I last saw h[illegible] alive on August 3, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diarrhea

(duration) 8 days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No. Date of

Was there an autopsy? yes.

What test confirmed diagnosis? —

(Signed) Lyman Wilbur M. D.

Aug 5, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

THOMPSON-JONES M. D.

Commissioner of Health

AUG 10 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36444

## CERTIFICATE OF DEATH.

E 36444

168

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 302 S. Carolina St., 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonetta Guarino

(a) RESIDENCE NO. 302 S Carolina St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luigi Guarino

6 DATE OF BIRTH (month, day, and year): 1877

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 31 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: at Home

9 BIRTHPLACE (city or town) _____

(State or country): Italy

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Italy

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Italy

14 Informant: Luigi Guarino

(Address) 302 S Carolina

15 Filed _____ 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide by Hanging

White female

(duration) Sudden yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Insane from Dying Mass

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) James H Fenton M. D.

(Coroner)

8 10 1928 (Address) 700 Cha- st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudenner Date of Burial Aug 10. 1928

(2) UNDERTAKER Wendell J Leppel ADDRESS 3100 Eas

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 36445

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36445

## CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument ST., 20-1 (WARD)

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Chesses

(a) RESIDENCE NO. 2 Norman Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 16 1924

7 AGE — Years: 4 Months: 3 Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Julius Chesses

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah Heller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Julius Chesses

(Address): 2 Norman Ave.

15 Filed 1928 . 19 RRP Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 4 . 1928 to Aug 10 . 1928, that I last saw h/m alive on Aug 10 . 1928, and that death occurred, on the date stated above, at 12:45P m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(over)

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Spinal fluid exam

(Signed) Meyer Miller M. D.

. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Workmen Circle Hebrew Cemetery — DATE OF BURIAL: 8-10 1928

20 UNDERTAKER: Isaac Levine, 1439 E Balto St — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bkn.

E 36446

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

91-002

E 36446

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 516 Richwood St., 27-48 (Ward)

2-FULL NAME Henry Bohn

(a) RESIDENCE NO. 516 Richwood St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Margaret Bohn

6 DATE OF BIRTH (month, day, and year): Nov 7- 1841

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 86 | 9 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Hardware

(c) Name of employer: & Company

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Margaret Bohn

(Address) 516 Richwood Ave

15 Filed _____, 19__

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Dec 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. H. G. Jones M. D.

(Coroner)

, 19 (Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A & Co — Date of Burial: 8/13 1929

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 36447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36447

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Stafford Hotel

CITY OF BALTIMORE: (No. Charles & Madison ST.) 11-27 (WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Hardesty Worthington

(a) RESIDENCE No. Charles near Madison ST. 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Late H. Cooke Worthington

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Richard S Hardesty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elisabeth Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Richard H Thompson

(Address) 14 St Johns Road Roland Park

15 Filed ... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9 1928

17 I HEREBY CERTIFY, That I attended deceased from November 1927 to Aug 9 1928

that I last saw her alive on Aug 9 1928

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis —

(duration) — yrs. 10 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No —

What test confirmed diagnosis? None

(Signed) Chas. W. Larned M. D.

Aug 10 1928 (Address) 1327 Park Ave —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — DATE OF BURIAL Aug 13 1928

20 UNDERTAKER Percy Hopkins & Son Co — ADDRESS Eutaw & Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36448

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36448

15-21

1-PLACE OF DEATH

City of BALTIMORE: (No. En route to University Hospital St.) (Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B. Kershaw

(a) RESIDENCE NO. 1706 W. North Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose M. Kershaw

6 DATE OF BIRTH (month, day, and year) Jan 1- 1884

7 AGE

| Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 44 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steam -fitter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Kershaw

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Rose Kershaw

(Address) 1706 W. North Ave.,

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

8/10/ 28 Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Loraine Cemetery | 8/13/28 |
| 20 UNDERTAKER | ADDRESS |
| Joseph Abrams | 221 Bway |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 36449

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36449

## CERTIFICATE OF DEATH.

122-002

REGISTERED NO. 24-34

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 175 Light St. 24 Ward)

2-FULL NAME Annie J. De Young

(a) RESIDENCE NO. 175 Light St. 24 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married, widowed, divorced~~ MARRIED or (or) WIFE of: Patrick De Young

6 DATE OF BIRTH (month, day, and year): Aug 9 1883

7 AGE: Years 45 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) [redacted]

(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Sullivan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Meehan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant: Miss De Young

(Address) 175 Lights

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1928

17 I HEREBY CERTIFY, That I attended deceased from May 1 1928, to Aug 9, 1928

that I last saw her alive on Aug 9, 1928

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted ____

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell, M. D.

, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial 8/11 1928

20 UNDERTAKER: J. J. Young & Sons ADDRESS 131 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36450

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 S. Montford Ave. ST. 1-3 WARD) 9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chester • Jankowiak

(a) RESIDENCE NO. 607 S. Montford Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 12 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | — | 9 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Jacub • Jankowiak

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Rose • Malkowiecka

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Mr. Jacub. Jankowiak
(Address) 607 S. Montford Avenue

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 19 ..., to Aug. 10, 19 28, that I last saw h... alive on Aug 10, 19 28 and that death occurred, on the date stated above, at 6 10 p m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D.

..., 19 28 (Address) 7327 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Stanislaus Cem. | Aug. 11 1928 |

20 UNDERTAKER John M. Weber

ADDRESS 401 S Chester St

TION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 36451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131 E 36451

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1802 Eutaw Place St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Meyer Hollander

(a) RESIDENCE NO. 1802 Eutaw Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth 71 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa M. Hollander

6 DATE OF BIRTH (month, day, and year) Apr. 9, 1838

7 AGE

| Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|
| 90 | 4 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bavaria

PARENTS

10 NAME OF FATHER Jacob Hollander

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Bavaria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bavaria

14 Informant Rev. J. Hollander

(Address) 1802 Eutaw Pl.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9, 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928; to Aug 9, 1928, that I last saw him alive on Aug 9, 1928 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cysto-pyelitis

(duration) ..... yrs. 1 mos ..... ds.

18 Where was disease contracted - Home

if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Usual Laboratory Tests

(Signed) Joseph W. Kelly, M. D.

, 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Har Sinai Cem. Date of Burial 8/12/28

20 UNDERTAKER Baird Sondheim ADDRESS 18-20 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36452 E 36452

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4304 Parkmount Ave. ST., WARD) 26-42 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME CAROLINE G. YOCKEL

(a) RESIDENCE No. 4304 Parkmount Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Yockel

6 DATE OF BIRTH (month, day, and year) March 16, 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min |
|---|---|---|---|---|
| | 79 | 4 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Karl Schlitzberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Lillie Kimmelschue (Daughter)
(Address) 4304 Parkmount Ave.

15 Filed ..., 19.. RKH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9 1928

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to Aug 9, 1928

that I last saw h[illegible] alive on 8-9, 1928

and that death occurred, on the date stated above, at 9.25 p. m.

The CAUSE OF DEATH* was as follows:

Pernicious pneumonia [illegible]

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.

8/10, 1928 (Address) 413 [illegible] Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL August 13, 1928

20 UNDERTAKER Henry Sander & Sons Inc.

ADDRESS BALTIMORE ST & BROADWAY

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36453

## CERTIFICATE OF DEATH.

161-002

E 36453

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 712 W. 34th St., 9 Ward)

2-FULL NAME Baby Wood

(a) RESIDENCE NO. 712 W 34th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | W | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Aug 10 28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or 25 min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Ernest Wesley Wood

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Vogt

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Ernest W. Wood

(Address) 712 W. 34th

15 Filed ..... 19 .....

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 10, 1928, that I last saw him alive on Aug 10, 1928, and that death occurred, on the date stated above, at 6:25 A.m.

The CAUSE OF DEATH* was as follows:

Asphyxia (over)

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Woods

(Address) 413 N Wolfe, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Aug 11, 1928

20 UNDERTAKER: Geo. W. Little — ADDRESS 2705 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36454

## CERTIFICATE OF DEATH.

88-103

E 36454

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq Hosp St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harold Lee

(a) RESIDENCE NO. 335 N. Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col'd | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11 1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 3 | - | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER DeWitt Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Lena Fox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Martinsburg W. Va

14 Informant DeWitt Lee

(Address) 335 N. Calhoun St

15 Filed ....., 19 .....

Registrar

N. B.—WRITE PLAINLY, and should be careful OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 1926

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 9th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull

(Duration) 5 Hours 25 Min

CONTRIBUTORY (Secondary) Struck by Auto

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos B. Watson M. D.

(Coroner)

Aug 10 1926 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — Date of Burial Aug 11 1926

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pressman St

Spec.—1-12-23—M&T—500 Blks.

E 36455

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36455

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 E Lafayette ST. 5-9 (WARD) 129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jantt

(a) RESIDENCE NO. 1410 E Lafayette ST. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Jantt

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thomas Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jemima Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hazel Dyson

(Address) 1410 E Lafayette St

15 Filed ..... 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to Aug 8, 1928.

That I last saw h[illegible] alive on Aug 8, 1928

and that death occurred, on the date stated above at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. L. Keller M. D.

19 1928 (Address) 508 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem — DATE OF BURIAL Aug 11 1928

20 UNDERTAKER Edmund Wensley — ADDRESS 578 W Balto

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36456

## CERTIFICATE OF DEATH.

90 E 36456

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1170 Carroll St. 21-29 (Ward)

2-FULL NAME Clara J Schisler

(a) RESIDENCE NO. 1170 Carroll St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Louis J Schisler

6 DATE OF BIRTH (month, day, and year): Dec 23 1883

7 AGE: Years 45 | Months 7 | Days 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Wm Tubner

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Mary Towson

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Louis J Schisler

(Address) 1170 Carroll St

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/9/28

17 I HEREBY CERTIFY, That I attended deceased from 9/27/27 to 8/9/28, that I last saw h[illegible] alive on 8/9/28, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. J. Schisler, M. D.

8/11/28 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Aug 13 1928

20 UNDERTAKER Robert Brooks & Son ADDRESS Catherine Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36457

# HEALTH DEPARTMENT—CITY OF BALTIMORE

+100.00 36457

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-30 ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Thompson

(a) RESIDENCE No. Sykesville Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 2 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 1 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ old

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Merryman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Thompson (Address) Sykesville Md.

15 Filed ..... 19 DPK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 11 1928

17 I HEREBY CERTIFY, That I attended deceased from August 7, 1928, to August 11, 1928, that I last saw him alive on August 11, 1928, and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Primary disseminated Broncho-pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) G. K. Gülck, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oakland Md. | Aug 13 1928 |

20 UNDERTAKER Weer & Sons Inc ADDRESS Sykesville

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

216 611 E 36458

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49 E 36458

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gus Garrell

(a) RESIDENCE NO. 1116 N. Fulton Ave - WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Singe |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Garrell

6 DATE OF BIRTH (month, day, and year) June 22. 1871

| 7 AGE | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 1 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer Bourne Bro

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Gustave Garrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. J.

12 MAIDEN NAME OF MOTHER Margaret Forbes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Friends -

(Address)

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-10-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1928 to Aug 10, 1928

that I last saw him alive on Aug. 10, 1928

and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yes Ploradony Hamilton

Did an operation precede death? Yes Date of Aug 10

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Bidgewood Frumbk, M.D.

Aug 10 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lorraine Cem | Aug 13 1928 |

20 UNDERTAKER W. H. Cook ADDRESS 502 E North Ave

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 36459

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36459

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3047 W. North Ave. (St.) 15-61 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Louise Gorsuch,

(a) RESIDENCE NO. 3047 W. North Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Gorsuch,

6 DATE OF BIRTH (month, day, and year) July 15, 1869

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or ....min. |
|---|---|---|---|---|
| | 59 | — | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Christian Gregorius,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine R. Redinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs C. Shilton Dodson (Address) 3110 Belmont Ave.

15 Filed , 19 1928 Per Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1927, to Aug 10, 1928, that I last saw h[illegible] alive on Aug 10, 1928, and that death occurred, on the date stated above, at 3:50 p. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation with dilatation,

Abou[illegible] (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. N. Dwoskin, M. D.

19, (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 19

20 UNDERTAKER Geo W Little

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36460

## CERTIFICATE OF DEATH.

161-001

E 36460

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 440 Bonsal ST. (17-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Perry

(a) RESIDENCE NO. 440 Bonsal ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 10

| 7 AGE | Years | Months | Days | If LESS than 1 day, / hrs or min. |
|---|---|---|---|---|
| | | | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Starkey Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Victoria Samuels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14

Informant Starkey Perry

(Address) 440 Bonsal St

15

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 10th, 1928, to Aug 10th, 1928, that I last saw him alive on Aug 10, 1928, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Doll, M. D.

, 19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Matthews Cem — DATE OF BURIAL Aug 11, 1928

20 UNDERTAKER John Mercer — ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36461

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36461

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Ledenhall St. WARD) 24-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V Wise

(a) RESIDENCE NO. 1429 Ledenhall ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Frank C Wise

6 DATE OF BIRTH (month, day, and year): Jan 14 1864

7 AGE: Years 64 Months 6 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna.

PARENTS

10 NAME OF FATHER: James H Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Frank C Wise (Address) 1429 Ledenhall St

15 Filed Aug, 19 28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Aug 9, 1928, that I last saw her alive on Aug 9, 1928, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Edema

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Crawford, M.D.

Aug 9 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Aug 11 1928

20 UNDERTAKER: Mrs Chas A G Rohde — ADDRESS: 2327 Edmondson Ave

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36462

# HEALTH DEPARTMENT—CITY OF BALTIMORE

185 E 36462

## CERTIFICATE OF DEATH.

REGISTERED NO. 94523

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franz Neuman.

(a) RESIDENCE NO. 123 E. West St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 30 yrs. ---- ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower. |

5a If ~~XXXXX~~ widowed, ~~XXXXXX~~ HUSBAND of ~~XXXXXXX~~ Barbara Neuman.

6 DATE OF BIRTH (month, day, and year) March 4, 1853

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 75 | 5 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet maker.

(b) General nature of industry, business, or establishment in which employed (or employer) 01

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Clara Sanders, (daughter)

(Address) 123 E. West St.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 10, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration.

Fracture of the skull, Accidental fall on pavement.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

8/10 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Federal Hill Park. August 10, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C & C Co Date of Burial 8/13 1928

20 UNDERTAKER Ehrlich Harle ADDRESS 115 E West St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36463

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36463

1943

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2126 Bloom ST., 14-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME H. Catherine Price

(a) RESIDENCE NO. 2126 Druid Hill Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not stated

6 DATE OF BIRTH (month, day, and year) 5/29/1835

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....mln. |
|---|---|---|---|---|
| | 93 | 2 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER not stated

11 BIRTHPLACE OF FATHER (city or town) (State or country) not stated

12 MAIDEN NAME OF MOTHER Catherine Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Roscoe DeW. Price

(Address) 2126 Druid Hill Av

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1928, to Aug 9, 1928, that I last saw h[illegible] alive on Aug 9, 1928 and that death occurred, on the date stated above, at 1 30 p. m.

The CAUSE OF DEATH* was as follows:

Heart Prostration

(duration) yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Aug 10, 1928 (Address) 2005 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Aug 11 1928

20 UNDERTAKER Jno. H. Johnson

ADDRESS 1234 Etting St.

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36464 HEALTH DEPARTMENT—CITY OF BALTIMORE 44 E 36464

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST. 15-20 WARD)

2-FULL NAME Mary Washington

(a) RESIDENCE NO. ? (Usual place of abode) 1327 N. Fremont ST. WARD

Length of residence in city or town where death occurred 18? yrs. mos. ds. How long in U. S., If of foreign birth? ? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): ? M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Washington

6 DATE OF BIRTH (month, day, and year) ?

7 AGE: Years 66 | Months — | Days — | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ? Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ? 037

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Worcester Va

PARENTS

10 NAME OF FATHER Parker Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Va

12 MAIDEN NAME OF MOTHER ? Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Va

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed Aug 28, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-4, 1928, to 8-8, 1928, that I last saw her alive on 8-8, 1928 and that death occurred, on the date stated above, at Midnight m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) ? yrs. ? mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 7? yrs 4 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) R. M. Mock, M. D.

8/9/1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt St | DATE OF BURIAL Aug 11 1928

20 UNDERTAKER Sam'l R. Thompson | ADDRESS 1327 N Fremont

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36465 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36465

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N. Ann ST., 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Jackson

(a) RESIDENCE NO. 409 N. Ann. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.M.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-18-28

7 AGE: Years | Months: 1 | Days: 23 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Wilbur Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amelia Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wilbur Jackson

(Address) 409 N. Ann.

15 Filed ....., 19..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9- 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-8-, 1928, to 8-9-, 1928, that I last saw h[illegible] alive on 8-9-, 1928 and that death occurred, on the date stated above, at 5,30 P. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) M. D. Haggin, M. D.

(Address) 611-N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cem. DATE OF BURIAL: Aug 11 1928

20 UNDERTAKER: Mrs J. Y. Locke ADDRESS: 1802 Jefferson

CAUSE OF DEATH must be filled in. TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36466

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

16-002 ✓ E 36466

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 S. Ann ST., 2-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Paul Znamirowski

(a) RESIDENCE NO. 502 S Ann ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 26-28

7 AGE — Years | Months: 6 | Days: 15 | If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Martin Znamirowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Pauline Bryla

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Martin Znamirowski

(Address): 502 S Ann

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 11-28.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1928, to Aug. 11, 1928.

that I last saw h[illegible] alive on Aug. 11, 1928

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Enteritis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John V. Emerbichler, M. D.

(Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery | DATE OF BURIAL: Aug 11 1928

20 UNDERTAKER: A W Gazenski | ADDRESS: 1920 Eastern Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36467 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36467

CERTIFICATE OF DEATH

+ 129

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3503 Roland Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jeremiah Baublitta

(a) RESIDENCE NO. Ridge Baltimore WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Baublitta

6 DATE OF BIRTH (month, day, and year) Sept 24 1837

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 90 | 10 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John H. Baublitta

(Address) 3503 Rolandave

15 Filed ....., 19 Sept 5 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1928

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 10, 1928,

that I last saw him alive on Aug 9, 1928,

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

& arterio-sclerosis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Joan Dreyer M. D.

Aug 11, 1928 (Address) 846 W Lombard. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ridge Balto Co — DATE OF BURIAL: Aug 12 1928

20 UNDERTAKER: Lehnow & Son — ADDRESS: 3611 Eastern Ave

Important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Bks.

E 36468

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36468

## CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH Bath Clinic

CITY OF BALTIMORE: (No. 1520 W. Fayette ave ST. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gaston Blake

(a) RESIDENCE NO. 1523 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) mrd

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/7/27

7 AGE Years 11 Months 27 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Gaston Blake

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md (Never knew)

12 MAIDEN NAME OF MOTHER Ruth Thomas

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Ruth Blake

(Address) 1520 W. Fayette ave

15 Filed 28, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/9/ 1928

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1928, to August 9, 1928, that I last saw him alive on August 8, 1928, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Failure

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Gastritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Wexford Hyde, M. D.

19 (Address) 1162 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Aug 11 1928

20 UNDERTAKER Saml. W. Hess & Son

ADDRESS 1 & 3 W. Mulberry

RICHARDSON JONES, M.D.

Spec.—1-12-23—M&T—500 Bks.

E 36469

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36469

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Frederick Ave., ST., 19-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Perkins

(a) RESIDENCE NO. 1837 Frederick Ave., ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Perkins

6 DATE OF BIRTH (month, day, and year) Dec. 9, 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|
| | 66 | 8 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Michael McColgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A. O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.J.

14 Informant Miss Marie Perkins

(Address) 1837 Frederick Ave.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9th 19 28

17

I HEREBY CERTIFY, That I attended deceased from January 25, 19 28, to August 9th 19 28,

that I last saw her alive on August 9th 19 28

and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw. McCoolahan M. D.

8/11, 1928 (Address) 424 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 8/13/28

UNDERTAKER Edw. A. Farley Fulton & Taylor ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36470

E 36470

## CERTIFICATE OF DEATH.

1928

24-35

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Paszkiewicz.

(8) RESIDENCE NO. 1108 Haubert St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single. |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 45 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Atlantic Coast

(c) Name of employer Stevedoring Co.

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant James Korzun.

(Address) 1424 Richardson St.

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Leinhardt M. D.

(Coroner)

8/10 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Pier No. 8 Locust Point. Aug. 8, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Indepedet Date of Burial Aug. 13 1928

20 UNDERTAKER ADDRESS

~~Undertaker~~ ~~123 S. Eden St.~~

Peter Tiedt

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 36471 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 St. Joseph Hospital ST.) WARD)

REGISTERED NO. 194 E 36471

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas H. Brinsfield

(a) RESIDENCE NO. 741 E. Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelia Brinsfield

6 DATE OF BIRTH (month, day, and year) Jan 22 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 52 | 6 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Govt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER Thomas H. Brinsfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co. Md

12 MAIDEN NAME OF MOTHER Mary R. Parrott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Mrs Brinsfield (Address)

15 Filed AUG 12 1928, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-9-28, 19 , to 8-9-28, 19 ,

that I last saw h(e) alive on 8-9-28, 19 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Heat Prostration

Autopsy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

19 (Address) St Joseph.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Easton, Talbot Co. Md

DATE OF BURIAL Aug 11 1928

20 UNDERTAKER Via B. & A. John H. Denny

ADDRESS 715 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-20-28—L. F. S.—500 Bks.

215880 E 36472

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 179 E 36472

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Bowers

(a) RESIDENCE NO. 314 N. Patrick ST., ST- WARD Frederick Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-7-21

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 7 | 3 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER George R. Bowers

11 BIRTHPLACE OF FATHER (city or town) Pa -
(State or country)

12 MAIDEN NAME OF MOTHER Bertha Turner

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... RHK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-11-28

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to Aug 11, 1928, that I last saw him alive on Aug 11, 1928 and that death occurred, on the date stated above, at 4 40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

General (duration) weeks yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical test

(Signed) H. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Frederick, Md. | 9/12 1928 |
| 20 UNDERTAKER C E Eline | ADDRESS Frederick Md. |

OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is not important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36473

## CERTIFICATE OF DEATH.

Schwyick

40 E 36473

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1748 Riverside Ave (St.) (Ward)

2-FULL NAME Susan P Beat.

(a) RESIDENCE No. 1748 Riverside Av (St.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Albert Beat.

6 DATE OF BIRTH (month, day, and year) 7/22/1848

7 AGE Years 80 Months 0 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poultney Co Vt.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Goodwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Vermont

14 Informant Mrs. L. Beat. (Address) 1748 Riverside Av

15 Filed ..... 19 .....

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 1 1928 to Aug 11 1928.

that I last saw h alive on Aug 11 1928.

and that death occurred, on the date stated above, at 1150 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Schwaick M. D.

(Address) 1337 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dist. of Columbia

DATE OF BURIAL 8 13 1928

20 UNDERTAKER J. E. Fenwick

ADDRESS 1318 Eighth Av

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36474

## CERTIFICATE OF DEATH.

84 E 36474

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bellona & Lake Avenues ST. 27-48 WARD)

2-FULL NAME Louise R. Hyde

(a) RESIDENCE NO. Bellona & Lake Avenues ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Hyde

6 DATE OF BIRTH (month, day, and year) ---------

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | -- | -- | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wycomico County Maryland

PARENTS

10 NAME OF FATHER -------- Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unobtainable "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Major Geo. W. Hyde

(Address) Lake & Bellona Avenues

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to Aug. 10, 1928, that I last saw her alive on Aug. 10, 1928 and that death occurred, on the date stated above, at 9:50 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

— (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hypertension Arterio sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Leslie N. Gay, M. D.

, 19 (Address) 1014 St. Paul St. Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 8/13 19 28

20 UNDERTAKER Henry W. Mears and Son

ADDRESS 805 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36475

## CERTIFICATE OF DEATH.

74-001

E 36475

1-PLACE OF DEATH

City of BALTIMORE: (No. Russell St. between 232 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Williams

(a) RESIDENCE NO. Russell St. between St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Williams

6 DATE OF BIRTH (month, day, and year) 1856

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 72 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Williams Wilson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Rich Williams

(Address) 232 Russell St.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/9/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/3/ 1928, to 8/9/ 1928, that I last saw h.... alive on 8/8/ 1928, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. S. Hawkins, M. D.

, 1928 (Address) 912 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Date of Burial Aug 12, 28

20 UNDERTAKER William Cern ADDRESS Saml Stender & Co

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 36476 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 36476

Registered No.

1-PLACE OF DEATH

City of BALTIMORE (No. 1116 Division St. Ward 12-24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Satterfield

(a) Residence No. 1116 Division St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-If married, Widowed or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Feb 25-1858

7-AGE. 70 yrs. 5 mos. 14 ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country) Smithfield Va.

PARENTS.

10-NAME OF FATHER. Edmon

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Smithfield Va.

12-MAIDEN NAME OF MOTHER. Williams Wilson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Ella Butler

(Address) 1116 Division St.

15- Filed 1927 Registrar. Ellis

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 9 1927

17- I HEREBY CERTIFY, That I attended deceased from December 27 1926 to August 9th 1927, that I last saw h[illegible] alive on Aug 9th 1927, and that death occurred, on the date stated above, at. 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J Bunnell Lango M. D.

, 19 (Address) 2937 N Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. MT Auburn Cem

DATE OF BURIAL. Aug 12 1927

20-UNDERTAKER. Samuel L Stansbury

ADDRESS 3[illegible] N Bradford

Affidavit required. Physician or Undertaker should write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

216555 Fed
E 36477

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002 E 36477

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 24-34

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josey Deleonardo

(a) RESIDENCE NO. 1805 Eight- ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9 1928

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Vincent-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Leone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Records

(Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 19 28, to Aug 10, 19 28,

that I last saw h.. alive on Aug 10, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Dysentery - Bacillary

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Lyman Mills M. D.

Aug 10 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | aug 13 1928 |
| 20 UNDERTAKER | ADDRESS |
| Frank V. Pikerton | 2815 E. Balto. St |

IF DEATH in part terms, so that it may be properly classified. Each statement of cause important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36478

## CERTIFICATE OF DEATH.

44 E 36478

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 (ST.) Moreland Ave (WARD) 15-68

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Cadlick

(a) RESIDENCE NO. 1619 ST., Moreland Ave WARD .....

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan Cadlick

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 45 Months — Days — If LESS than 1 day, .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Calmen Zilberberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Antkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Levy (Address) 1439 E. Baltimore St

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 11/28

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1927, to Aug 11, 1928, that I last saw her alive on Aug 11th, 1928, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Prostration

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X Ray.

(Signed) I. H. Cohen M. D.

8/11/28 (Address) 5912 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Run — DATE OF BURIAL: 8/12 19 28

20 UNDERTAKER: Jack Levy — ADDRESS: 1439 E Balt St

A. B. should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36479

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1928 E 36479

REGISTERED NO.

1-PLACE OF DEATH Found in Fallsway

City of BALTIMORE: (No. 900 Eastern Ave St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Bliggards

(a) RESIDENCE NO. 1038 Harford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Bliggard

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | 7 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chair Caner

(b) General nature of indnstry, business, or establishment in which employed (or employer) in Business for

(c) Name of employer for Self

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Geo. W. Bliggard

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Henretta Burrell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Mrs Katherine Bliggard

(Address) 1038 Harford Ave

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

..... (duration) .....yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary)

..... (duration) .....yrs. mos. .....ds.

(Signed) James M. Fenton M. D.
(Coroner)

1928 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Aug 15 1928

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 924 E Eager St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 36480

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

182 E 36480

REGISTERED NO.

1-PLACE OF DEATH Found in Harbor

City of BALTIMORE: (No. Fort Fell St. 2-4 Ward)

2-FULL NAME James M Swiddiman

(a) RESIDENCE NO. 901 Fell St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 1859

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer) Flower Culture

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)

(State or country) Indiana

PARENTS

10 NAME OF FATHER Otis E Williamson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Indiana

12 MAIDEN NAME OF MOTHER Ada Cole

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va

14 Informant Mrs. Williamson

(Address) 121 Roland Ave

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental drowning

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner)

8/12, 1925 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Montgomery Fayette E Date of Burial aug 12 1925

20 UNDERTAKER West Cook ADDRESS 502 E Nott

IMPORTANT. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-29-28—L. F. S.—500 Blks.

E 36481

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74-08 E 36481

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 600 E 36th ST. 4-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C Kraft

(a) RESIDENCE NO. 600 E 36th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel F Kraft

6 DATE OF BIRTH (month, day, and year): Aug 31, 1848

7 AGE: Years 79 | Months 11 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md

PARENTS

10 NAME OF FATHER: William Eyangh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah E Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: William F Kraft

(Address) 600 E 36th St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 11. 1928

17 I HEREBY CERTIFY, That I attended deceased from May 18. 1926 to Aug. 11 1928

that I last saw h alive on Aug. 11 1928

and that death occurred, on the date stated above, at 7.55 P m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage — Effects of Shock.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteri. Sclerosis. Senile change (duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No — Date of —

Was there an autopsy? No —

What test confirmed diagnosis? clinic exam

(Signed) J Bond Brown M. D.

Aug 12 1928 (Address) 2125 Maryland Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 8/14 1928

20 UNDERTAKER: William Cook

ADDRESS: 503 E North Ave

Spec.—1-12-23—M&T—500 Blks.

E 36482

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

47

E 36482

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 244 N Amity ST. (18-26 WARD)

2-FULL NAME Lula (Butler) (Louisa Butler)

(a) RESIDENCE NO. 244 N Amity ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas.

6 DATE OF BIRTH (month, day, and year) ? 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 61 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elnora ? Aug 11, 19??

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Chas. Butler (Address) 244 Amity

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1928

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1928, to Aug 10, 1928, that I last saw h~~e~~ alive on Aug 10, 1928 and that death occurred, on the date stated above, at 2, 20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Stomach (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Goitre Ulcer etc

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H Wright, M. D.

(Address) 1209 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel — DATE OF BURIAL 8/12/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1681 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36483

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 36483

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals ST. 16-26 (WARD)

2-FULL NAME Ruth Webb

(a) RESIDENCE NO. 1219 Harlem ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Pattie Winstead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9 1928

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to August 9, 1928, that I last saw her alive on August 9, 1928, and that death occurred, on the date stated above, at 10.20 p. m.

The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Clinical & autopsy

(Signed) Henry C Smith, M. D.

8-10, 19 28 Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jamesmond, Va.

DATE OF BURIAL 8/13/1928

UNDERTAKER Mrs Geo. H. Holland

ADDRESS 16 N Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E36484

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36484.

## CERTIFICATE OF DEATH

49 E 36484

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christian Scholbelin

(a) RESIDENCE NO. 620 S Linwood ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6 DATE OF BIRTH (month, day, and year) Nov 3-1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 9 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Conrad Scholbelin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Elizabeth Henseler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10-1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928 to Aug 10, 1928

that I last saw h... alive on Aug 10, 1928

and that death occurred, on the date stated above, at 12 20 a. m.

The CAUSE OF DEATH* was as follows:

Brain tumor, malignant

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 3

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. R. Trimble, M. D.

Aug (10 19) (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Carmel Cem., | Aug 13 1928 |
| 20 UNDERTAKER | ADDRESS |
| M. F. Sadowski. | 705 S. Linwood |

Spec.—1-12-23—M&T—500 Blks.

E 36485 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36485

1914 W Lombard

# CERTIFICATE OF DEATH.

160

1-PLACE OF DEATH As below

CITY OF BALTIMORE: (No. 456 S. Fulton ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margret Bell Wharry

(a) RESIDENCE No. 1914 W. Lombard ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb. 4, 1928

7 AGE — Years: — Months: 6 Days: 7 If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Louis M. Wharry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto County

12 MAIDEN NAME OF MOTHER: Mary Begorn

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto. Md.

14 Informant (Address): Louis M. Wharry 1914 W. Lombard St

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 11 1928

17 I HEREBY CERTIFY That I attended deceased from Aug 1 1928 to Aug 11 1928

that I last saw h.. alive on Aug 10 1928

and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Immediate Malnutrition

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed Augustine P. Von Lehe

(Address) 506 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Aug 13 1928

20 UNDERTAKER: George L. Schwab — ADDRESS: 2101 Fulton ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 3 E 36486

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St., or Ward) 20-10

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Hahn

(a) RESIDENCE NO. 3543.Caton ave. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Divorced |

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Gray

6 DATE OF BIRTH (month, day, and year) June. 14- 1900

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 28 | 1 | 14 |

If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Adolph Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to Aug. 11, 1928, that I last saw her alive on Aug. 11, 1928, and that death occurred, on the date stated above, at 7.55 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis Path Lab & clinical

(Signed) Henry C Smith, M. D.

8-11 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Aug 14 1928

20 UNDERTAKER George L. Schwab — ADDRESS 2 Forbush Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36487

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36487

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 415 S. Smallwood ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Geo. Rossmann

(a) RESIDENCE No. 415 S. Smallwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Martha Rossmann

6 DATE OF BIRTH (month, day, and year) Mar 28-1860

| 7 AGE | Years | Months | Days 11 | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 68 | 4 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Cutter. 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wilhelm Rossmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Dunnke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Martha Rossmann

(Address) 415 S. Smallwood St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 19 28

17

I HEREBY CERTIFY, That I attended deceased from Nov 11- 1926 to Aug 9- 1928.

that I last saw him alive on Aug 9- 1928

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma Esophagus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of ✓

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E. Heller Hemming M. D.

8/12 1928 (Address) 2000 Hallins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: Aug 13 19 28

20 UNDERTAKER: George L. Schwartz ADDRESS: 810 Fulton Ave

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36488

## CERTIFICATE OF DEATH

9 E 36488

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. S. E. cor. Chas. & 33rd. St., 42-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B. Thomas

(a) RESIDENCE NO. Charles & 33rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Effie R. Harris

6 DATE OF BIRTH (month, day, and year): Dec. 6, 1850

7 AGE — Years: 77 Months: 8 Days: 4 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pharmacist

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Frederick Co.

(State or country): Md.

PARENTS

10 NAME OF FATHER: John B. Thomas

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Charlotte

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Mr. Howell R. Thomas

(Address): 601 Somerset Road

15 Filed ....., 19.. Registrar

AUG 13 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from February, 1927, to August 10, 1928, that I last saw him alive on August 10, 1928, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexia

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Dr. Fletcher

(Signed) A. H. C. Mayer, M. D.

Aug. 11, 1928. (Address) 2438 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial: Aug. 13, 1928

20 UNDERTAKER: John D. Mitchell & Sons ADDRESS: 1900 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36489

## CERTIFICATE OF DEATH

47

E 36489

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 229 N. Fremont St. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Guest

(a) RESIDENCE NO. 229 N. Fremont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23. 1859

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 69 | 2 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dressmaking

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Henry Guest

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Talbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Harry A. Guest (Address) 229 N. Fremont

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 aug. 11.

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to aug. 11, 1928, that I last saw her alive on aug 11, 1928, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

about (duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Henry C. Ohle M. D.

, 19 (Address) 1203 N. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Olivet Cemetery aug 13 1928

20 UNDERTAKER John Mitchell & Sons ADDRESS Pratt & Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 36490 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36490

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1149 N. Mount St. 16-24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Benjamin Brown

(a) Residence No. 1149 N. Mount St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mak

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of O

6-DATE OF BIRTH (month, day and year) May 19, 1891

7-AGE. 37 yrs. 2 mos. 20 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). General

(c) Name of employer. Mr. Brown

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John A Brown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Louisa Amy Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Mrs. Estella Brown

(Address) 1149 N Mount St

15- Filed. 192 Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 9, 1928

17- I HEREBY CERTIFY, That I attended deceased from June 1st, 1928 to Aug 9, 1928 that I last saw him alive on Aug 9, 1928 and that death occurred, on the date stated above, at 5.30A m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis and Regurgitation

(Duration) 2 mos. 9 ds.

CONTRIBUTORY (Secondary) O

(Duration) O yrs. O mos. O ds.

18-Where was disease contracted if not at place of death? at Florez dental

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos O Stewart, M. D.

, 19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL. Aug 13, 1928

20-UNDERTAKER. Thomas E. Kelson

ADDRESS 302 Presstman St

Should be carefully supplied. Note should be stated EXACTLY. Abbreviations should not be used. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 13 1928 Hanson Jones

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36491

## CERTIFICATE OF DEATH.

57 E 36491

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Brewer ST. 17-24 WARD)

2-FULL NAME Hattie Conway

(a) RESIDENCE No. 1101 Brewer ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: 53 — Years — Months — Days — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Maggie Carter

(Address) 1108 Brewer St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-10-1928

17 I HEREBY CERTIFY, That I attended deceased from June 10th, 1928, to Aug 10th, 1928, that I last saw h[illegible] alive on Aug 9th, 1928, and that death occurred, on the date stated above, at 2:50 P m.

The CAUSE OF DEATH* was as follows:

Nephritis & Diabetes

(duration) ... yrs. 2 mos ds.

CONTRIBUTORY (Secondary) ✓ (duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 8/13 1928

20 UNDERTAKER: Howell Easter — ADDRESS: 916 Penn

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Pks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36492

## CERTIFICATE OF DEATH

1928

E 36492

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 706 W 36th St. ST., 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward Franklin Todd.

(a) RESIDENCE NO. 706 W 36th St. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carmon Todd.

6 DATE OF BIRTH (month, day, and year) April 23 1884

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 3 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Park.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John D. Todd.

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Sarah Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Carmon Todd
(Address) 706 W 36th St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11, 1928.

17 I HEREBY CERTIFY That I attended deceased from Aug 10 1928, to Aug 11 1928, that I last saw him alive on Aug 11 1928 and that death occurred, on the date stated above, at 12.45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Congestion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical symptoms

(Signed) L. F. Chandler M.D.

8/13 19 28 (Address) 3702 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Aug. 1928

20 UNDERTAKER Chisholm & Son

ADDRESS 1615 Eutaw Pl

OF DEATH in plain terms, so that it may be properly classified. Exact statement of (OCCUPATION is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36493

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 36493

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 26237

CITY OF BALTIMORE: NO. ..... ST., ..... WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sebastian Stricker

(a) RESIDENCE NO. 3501 Hudson ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Appelonia Stricker

6 DATE OF BIRTH (month, day, and year) Dec 8 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 8 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bavaria

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria

14 Informant BALTIMORE CITY HOSPITALS

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-10 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-10, 1928, to 8-10, 1928, that I last saw him alive on 8-10, 1928 and that death occurred, on the date stated above, at 1:35 P. m.

The CAUSE OF DEATH* was as follows:

Empyema, right Pleural Cavity

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? P.M. autopsy

(Signed) H. Sol. Wolf, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem.

DATE OF BURIAL aug 13 1928

20 UNDERTAKER Lilly & Julien Bros.

ADDRESS 403 S. Wolfe St.

Manner should be carefully supplied. AGE should be stated EXACTLY. If unknown state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36494

## CERTIFICATE OF DEATH.

100-001

E 36494

1-PLACE OF DEATH St. Agnes. Hospitale

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 91-29 St. 1 WARD)

2-FULL NAME William Thomas,

(a) RESIDENCE NO. 938 Washington Boulevard, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): ~~Feb~~ Feb. 1926

7 AGE: 2 Years 6 Months Days — If LESS than 1 day, hrs. or min.

2 1/2,

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: William Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Wm Thomas

(Address): 938 Washington Boulevard

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-12- 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-4, 1928, to 8-12, 1928,

that I last saw him alive on 8-12, 1928,

and that death occurred, on the date stated above, at 2 20 a m.

The CAUSE OF DEATH* was as follows:

Mal nutrition

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & pathological

(Signed) [illegible] M. D.

, 19 (Address) 336 Federal St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem't. DATE OF BURIAL: Aug 14 1928.

20 UNDERTAKER: Lilly & Zieber (INC 403 S. Wolfe

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2/6 E 36495

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

32 E 36495

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 76-29

CITY OF BALTIMORE: (No. ..... ST., ..... WARD .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Russell

(a) RESIDENCE NO. 112 S-3 2d ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 months yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 11 28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 7 mos | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md — (State or country)

PARENTS

10 NAME OF FATHER Wm Russell

11 BIRTHPLACE OF FATHER (city or town) Md — (State or country)

12 MAIDEN NAME OF MOTHER Catherine Keen

13 BIRTHPLACE OF MOTHER (city or town) Md — (State or country)

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 6 1928 to Aug 11 1928, that I last saw h.r alive on Aug 11 1928 and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis ?

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? — Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) F. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Carmel Cem. | aug 13 1928 |
| 20 UNDERTAKER Lilly & Geiler Inc | ADDRESS 4038 Wolfe St. |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36496

E 36496

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH 713 S. Rose St

CITY OF BALTIMORE: (No. ) ST., 13 (WARD)

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Frawley

(a) RESIDENCE NO. 713 S. Rose St ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 8, 1927

| 7 AGE Years | Months | Days 23 | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 1 | 1 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Frawley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anna Shelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Father

(Address) 713 S. Rose St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1928 to Aug 11, 1928 that last saw h[illegible] alive on Aug. 11, 1928 and that death occurred, on the date stated above, at 10:55 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Whooping cough.

(duration) 1 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. Sobilad M. D.

, 19 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. DATE OF BURIAL aug 13 1928

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 4030 Wolfe St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36497 — 113 — E 36497

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 337 S. Bentalou ST. 20-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John E. Godwin

(a) RESIDENCE NO. 337 S. Bentalou ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 31st 1927

7 AGE — Years: 1 — Months: 3 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William P. Godwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Rose M. Burbes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: William P. Godwin
(Address) 337 S. Bentalou St

15 Filed 8/12, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 11-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1928, to Aug 11, 1928

that I last saw h[illegible] alive on Aug 11, 1928

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Interocolitis

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? V

Did an operation precede death? Date of V

Was there an autopsy? V

What test confirmed diagnosis? Clinical

(Signed) Helen Hennessy M. D.

(Address) 7000 Holland St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Aug 13, 1928

20 UNDERTAKER: H. H. Wippert — ADDRESS: 850 N. Gallo St

Information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36498

## CERTIFICATE OF DEATH

194

E 36498

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2303 Hendenwood Ave ST., 12-57 WARD)

2—FULL NAME Fannie A. Collison

(a) RESIDENCE NO. 2303 Hendenwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. F. Collison

6 DATE OF BIRTH (month, day, and year) Feb 7th 1862

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 6 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Georges County Md

PARENTS

10 NAME OF FATHER Wm H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Georges County Md

12 MAIDEN NAME OF MOTHER Mary Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince Georges County Md

14 Informant Geo F. Collison (Address) 2303 Hendenwood Ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 28

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to May 10, 1928, that I last saw h alive on May 10, 1928 and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis
Apoplexy

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lamphier M. D.

19 (Address) 3409 Gallaway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cemetery | May 13 1928 |
| UNDERTAKER | ADDRESS |
| P. Hoffman | 1053 W. Baltimore St |

mation should be carefully supplied. Any [illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

36499

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

38 E 36499

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2102 Division St. Ward 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas D Smith

(a) RESIDENCE NO. 2102 Division St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary E Smith

6 DATE OF BIRTH (month, day and year): May 15 1865

7 AGE: Years 63 Months 3 Days 27

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town): Richmond

(State or country): Va

10 NAME OF FATHER: Ben Smith

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Elizabeth Hunt

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): Va

14 Informant: Alice Smith

(Address): 2102 Division

15 Filed 19

Registrar

AUG 13 1926 H. HANSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 15, 19 26, to Aug 12, 19 26

that I last saw h.. alive on Aug 14, 19 26

and that death occurred, on the date stated above, at 6 25 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, syphilitic aortitis hypertension arteriosclerosis

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clin data

(Signed) Leo Schlenger M. D.

. 19 (Address) 703 S Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Date of Burial Aug 13 19 26

20 UNDERTAKER: Clarence E Welsh ADDRESS 1364 Mc

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-20-28—L. F. S.—500 Blks.

21665 Fed
E 36500

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

38 E 36500

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 22-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Melvin Moore

(a) RESIDENCE NO. 907 S. Fremont ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29 1/28

7 AGE — Years | Months: 1 | Days: 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Clarence

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ethyl Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address):

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Aug 10, 1928

that I last saw him alive on Aug 10, 1928

and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Gastro intestinal indigestion

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Cong Syphilis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Xray & tests

(Signed) Lyman Meiles, M. D.

Aug 10 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Aug 13 1928

20 UNDERTAKER: J. E. Brown & Son

ADDRESS: 1618 Madison

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36501

## CERTIFICATE OF DEATH.

129 E 36501

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1615 Hilton (ST.) (WARD) 11-67

2-FULL NAME Mary Elizabeth Jones

(a) RESIDENCE NO. 1615 Hilton St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. 12-1-02

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar A. Jones.

6 DATE OF BIRTH (month, day, and year) 1/28/79

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min |
|---|---|---|---|---|
| | 48 | 8 | 3. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John J. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Katherine Brannan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Edgar A. Jones.

(Address) 1615 Hilton st.

15 Filed ....., 19 Rlf. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 5th 1928 to Aug 11, 1928

that I last saw h alive on Aug 11, 1928

and that death occurred, on the date stated above, at 8:30 A m.

THE CAUSE OF DEATH* was as follows:

Chronic Nephritis ~~Abt 1 Yr~~ Uncertain

Acute (O.H.D.)

~~Hypertension~~ ~~4 days~~

8/19/25

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

~~Chronic~~ (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? 8/19/28 O.H.D.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. H. Duvall, M. D.

8/11, 1928 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 8/14 1928

20 UNDERTAKER Margaret D. Flynn — ADDRESS 1422 Light

Spec.—2-29-28—L. F. S.—500 Bks.

E 36502

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47 E 36502

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2629 E. Oliver ST., 8-16 WARD)

2—FULL NAME Frederick Korn

(a) RESIDENCE NO. 2629 E. Oliver ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: May E. Korn

6 DATE OF BIRTH (month, day, and year): Mar 18 72

7 AGE — Years: 56 | Months: 4 | Days: 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sergt in Police Dept

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John E. Korn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: May E. Korn
(Address) 2629 E Oliver

15 Filed, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 19 28, to Aug 10, 19 28, that I last saw h. alive on Aug 10 19 28 and that death occurred, on the date stated above, at 10 25 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Malignant Pigmented Mole

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) J. E. Koehler, M. D.

Aug 10, 19 28 (Address) 301 N Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — DATE OF BURIAL: 8/14 19 28

20 UNDERTAKER: Philip J. Kerney — ADDRESS: 2016 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36503

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36503

REGISTERED NO. 161-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH West Balto Gen'l Hospital

CITY OF BALTIMORE: (No. Raynor + Dukeland ST., 11 WARD)

2-FULL NAME Infant Gay Baby boy not named

(a) RESIDENCE NO. 817 McCabe Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | infant |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 11/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or 10 min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James M. Gay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Kavanaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Mrs Jas. M. Gay

(Address) 817 McCabe Ave

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Aug 11, 1928, that I last saw h[illegible] alive on Aug 11, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prolonged Labor

Breech presentation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas H. Burbage M. D.

Aug 11th 1928 (Address) 2406 Pa. Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 8/13 1928

20 UNDERTAKER J. J. Moran

ADDRESS 3000 E. Baltimore

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HARRISON JONES, M. D.

AUG 13 1928

Spec.—1-12-23—M&T—500 Bks.

E 36504

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36504

113

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) 2430 Brentwood St. (Ward) 20

2-FULL NAME Louise Jones

(a) RESIDENCE No. 2430 Brentwood St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., If of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 11 1928

7 AGE Years 3 Months 27 Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Robert Jones

(Address) 2430 Brentwood

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1928

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1928, to May 11, 1928, that I last saw him alive on May 11, 1928, and that death occurred, on the date stated above, at 4.00 P m

The CAUSE OF DEATH* was as follows:

Acute Gastro Entero Colitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) General Exhaustion due to

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. Hall, M. D.

19 (Address) 426 E 23-d St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. — DATE OF BURIAL Aug 13 1928

20 UNDERTAKER Samuel T Hemsley — ADDRESS 578 W Balt St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 36505 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36505

## CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Nusbaum

(a) RESIDENCE NO. Sinai Hospital ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year): March 22 1878

7 AGE — Years: 50 — Months: 4 — Days: 20 — If LESS than 1 day, hrs. or min.: .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dietician

(b) General nature of industry, business, or establishment in which employed (or employer): Sinai Hosp.

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Germany

PARENTS

10 NAME OF FATHER: Zeisla Nusbaum

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER: Babette Flesinger

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant: Mrs. P. Nusbaum

(Address) Sinai Hosp

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1928

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to Aug 12, 1928, that I last saw her alive on Aug 12, 1928, and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast, Right, with metastases to regional glands and abdominal viscera

(duration) yrs. 8(?) mos ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj. Klotz M. D.

8-12, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. DATE OF BURIAL: 8/14/28

20 UNDERTAKER: Baird Sondheim ADDRESS 1120 W. Mt Royal Ave

NOTE—Physicians, Attention! THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Phillips

E 36506

# HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 36506

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1519 Park Ave St., 14-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louisa E Phillips

(a) RESIDENCE NO. 1519 Park Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Revd Dr H L Phillips

6 DATE OF BIRTH (month, day, and year) July 8, 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....mln. |
|---|---|---|---|---|
| | 65 | 1 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles P. Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Eliza Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Mary F. Rogers

(Address) 1205 Bolton St

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1928, to Aug 12th, 1928

that I last saw h.. alive on Aug 12th, 1928

and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina 2 h

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. D. Lightfoot, M. D.

8.13. 1928 (Address) 211 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount | Aug 14 1928 |
| 20 UNDERTAKER George E Smith | ADDRESS 1532 Hollins |

Spec.—2-29-28—L. F. S.—500 Bks.

E 36507 HEALTH DEPARTMENT—CITY OF BALTIMORE

25-00

E 36507

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3330 Beech ave ST. Hampden 5-6 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie A McLausland

(a) RESIDENCE NO. 3330 Beech Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lebern McLausland

6 DATE OF BIRTH (month, day, and year) March 13 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 66 | 4 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Piner Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Winder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Miss F. A. Fowler

(Address) 724 Arlington Ave Govans

15 Filed ..., 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10-1928

17 I HEREBY CERTIFY, That I attended deceased from July 6 —, 1928, to Aug. 10 —, 1928, that I last saw h er alive on Aug. 10 —, 1928 and that death occurred, on the date stated above, at 1 45 p. m.

The CAUSE OF DEATH* was as follows:

Hemeplegia right side
Hemorragic

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Senile dementia

(duration) — yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

8/11/1928 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Aug 13 1928 |
| 20 UNDERTAKER George L. Smith | ADDRESS 1534 Hollins St |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36508

## CERTIFICATE OF DEATH.

E 36508

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier 2 Pratt St. W mercy Hosp St. 5-X Ward)

2-FULL NAME Charlie Dixon

(a) RESIDENCE NO. 1322 Orleans St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1902

7 AGE: Years 26 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): N Sew mag Co

(c) Name of employer

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Charlie Dixon

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Green

13 BIRTHPLACE OF MOTHER (city or town): Va.

(State or country)

14 Informant: A. Dixon

(Address): 1322 Orleans

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 10 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned - accidentally fell from scow. (caustic soda scow stood on which he was standing)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Aug 11 (Signed) W. J. Kelly M. D.

(Coroner)

, 19 28 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery Date of Burial aug 13 19 28

20 UNDERTAKER: Edward Bryan ADDRESS 1651 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

2165-5-3 E 36509

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-001 E 36509

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Thomas

(a) RESIDENCE NO. Bay View ST., Hosp. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/1/28

7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER J J Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 - 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1928, to Aug 2, 1928, that I last saw h.er alive on Aug 2, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? State Anat.

What test confirmed diagnosis?

(Signed) Lyman Wells M. D.

Aug 6, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

AUG 7 - 1928

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36510

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36510

## CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3142 (St.) Leeds (Ward) 20-10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gwelyn Matthews

(a) RESIDENCE NO. 3142 ST. Leeds WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1927

7 AGE — Years | Months: 7 | Days: 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (nil)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Norman Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Beatrice Bethel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Norman Matthews

(Address) 3142 Leeds St.

15 Filed ..... 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Aug 12, 1928, that I last saw he alive on Aug 12, 1928 and that death occurred, on the date stated above, at 11 20 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) Frederick T. Kyger M. D.

, 19 (Address) 3321 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery — DATE OF BURIAL: Aug 13, 1928

20 UNDERTAKER: Mrs Katie R Williams — ADDRESS 3221 Schroeder St.

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 36511

E 36511

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 S Calhoun St. 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry G Kirchgessner

(a) RESIDENCE NO. 2 S Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Baker

6 DATE OF BIRTH (month, day, and year): Aug 8 44

7 AGE: Years 84 Months 0 Days 13

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teamster

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Wm Kirchgessner

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mrs Kirchgessner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Anna Kirchgessner

(Address) 1263 Riverside Ave

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-17-28, 19...., to 8-13 28

that I last saw him alive on 8-13, 1928

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

asthma - Chronic Myocarditis

(duration) 5 yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Chronic Nephritis Chronic Myocarditis - arteriosclerosis

(duration) 10 yrs. ... mos. ... da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Physical signs

(Signed) James Brown M. D.

(Address) Medical arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Londontown

Date of Burial: Aug 15 1928

20 UNDERTAKER: W M Routson

ADDRESS 2238 W North

AUG 1 1928 C. R. M. D.

INSTRUCTIONS.—WRITE LEGIBLY AND AVOID ERASURES AND CHANGING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 36512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36512

46

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 18-26

CITY OF BALTIMORE: (No. Sydenham Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Flora M. Howard

(a) RESIDENCE NO. 1213 W Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel E. Howard

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 7 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) W. Virginia

PARENTS

10 NAME OF FATHER James Burnside

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Nellie Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Virg.

14 Informant Samuel E. Howard

(Address) 1213 W. Lexington

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1928, to Aug 11, 1928, that I last saw h.. alive on Aug 11, 1928 and that death occurred, on the date stated above, at 9 10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastases of Lung

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Myron G. Sutt[illegible], M. D.

Aug 13, 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkwood Cemetery | 8/14 1928 |
| 20 UNDERTAKER Wm Cook | ADDRESS 502 E Mt |

mation should be carefully supplied. AGE should be stated IMMEDIATELY FOLLOWING NAME OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Billups 2224 W North Ave

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36513 — 179 — E 36513

## CERTIFICATE OF DEATH

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS may be important. See instructions on back of certificates.

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 2901 Harlem Ave ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary B Holtzmann

(a) RESIDENCE NO. 2901 Harlem Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | W. | Widowed |

6 DATE OF BIRTH (month, day, and year) Nov 5. 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 9 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs L Gaber
(Address) 2901 Harlem Ave

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1928

17 I HEREBY CERTIFY, That I attended deceased from July 27 1928 to Aug 11 1928 that I last saw her alive on Aug 10 1928 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Diagnosis

(Signed) [illegible], M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 8 14 1928

20 UNDERTAKER J H Cook

ADDRESS 503 E North Ave

G 1 1920 C HAMPSON JONES M.D.

Spec.—1-12-23—M&T—500 Blks.

E 36514

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36514

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 21-31 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Rucks

(a) RESIDENCE NO. 944 Warren ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE — Years 53 — Months — Days — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Louis Rucks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant BALTIMORE CITY HOSPITALS
(Address) [redacted]

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/12 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/28, 1928, to 8/12, 1928, that I last saw him alive on 8/12, 1928, and that death occurred, on the date stated above, at 5:40A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue.

Duration yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronch. Pneu.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. W. Hitch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn — DATE OF BURIAL 8-15 1928

20 UNDERTAKER Joseph A Seely — ADDRESS 409 N Mount

HARRISON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2164847 E 36515

# HEALTH DEPARTMENT—CITY OF BALTIMORE

160 E 36515

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Slemrich

(a) RESIDENCE NO. 704 Bruce ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May - 25 - 28

| 7 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 2 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) add

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Thomas Slemrich

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER Emma Green

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug - 10 - 28

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Aug 10, 1928, that I last saw him alive on Aug 10, 1928 and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. C. Godfrey, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Cavalry — DATE OF BURIAL 8/13 - 1928

20 UNDERTAKER Joseph A Duffy ADDRESS 409 Monument St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36516

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36516

## CERTIFICATE OF DEATH.

90

27-49

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4221 Wickford Road ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha May Skinner

(a) RESIDENCE NO. 4221 Wickford Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? 67 yrs. 2 mos. 19 ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May-24-1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min |
|---|---|---|---|---|
| | 67 | 2 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Skinner

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co.,
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Matha A. Wilson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14

Informant Mrs. C. Stewart

(Address) 4221 Wickford Road.

15

Filed ..... 19 .....

C. CHAPMAN JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) [redacted]-8-12 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Aug 12, 1928,

that I last saw her alive on Aug 12, 1928

and that death occurred, on the date stated above, at 4.20 P m

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Haemplegia Right

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James C. Clarke M. D.

8-12, 1928 (Address) Zanetta Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | Aug-14-28 19 |

20 UNDERTAKER ADDRESS

STEUART & HOOVER COMPANY

BALTIMORE, MARYLAND

NEATNESS should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ...statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 36517

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36517

## CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument ST. 2129 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Maedden

(a) RESIDENCE NO. 848 Reinhart St. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~M~~ F. 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced, (write the word) S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec - 1927

7 AGE Years Months 8 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Vernon Madden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Grace Hickman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Grace Hickman

(Address) 848 Reinhart St

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 6 , 1928 , to Aug 12 , 1928 ,

that I last saw h[illegible] alive on Aug 12 , 1928 ,

and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Intoxication

Bilateral bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bilateral Otitis media

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 8/13 1928

20 UNDERTAKER [illegible]

ADDRESS 1318 Light St

Cor.—12-9-25—A Co.—200 Bks.

(Rochfort)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36518

## CERTIFICATE OF DEATH.

103

188 E 36518

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital Ward)

2-FULL NAME John Howard Rochfort

(a) RESIDENCE NO. 313 N Ellwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19, 1907

7 AGE — Years: 21 — Months: 1 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stock Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): News Paper

(c) Name of employer: A. S. Abell Co

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Edward L Rochfort

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Sella

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Connecticut

14 Informant: Robert Rochfort

(Address): 313 N. Ellwood ave

....., 19.. .....

ROCK Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Acc

Fractures Contused Abdmn

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. — ds.

Signed: G. C. Yates M. D.

(Coroner)

11/28 19.. (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — Date of Burial: Aug 1 1928

20 UNDERTAKER: Frank A. Dipietro — ADDRESS: 2815 E. Baltimore St

Cut should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAU... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36519

## CERTIFICATE OF DEATH.

179 E 36519

REGISTERED NO.

I-PLACE OF DEATH

City of BALTIMORE: (No. John,s Hopkin Hos P. St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Grubowska

(a) RESIDENCE NO. 410 S Dallas St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Grubowski

6 DATE OF BIRTH (month, day, and year) Dec. 18 1899

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 28 | 7 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

10 NAME OF FATHER John Sobczynski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Elizabeth Matuszewska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

PARENTS

14 Informant Stephen Grubowski

(Address) 410 S Dallas St.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc - Burns

1-2nd Degree

(duration) Hrs. 1 Mins. 14 ds.

CONTRIBUTORY (Secondary) Vc Edema

(duration) Hrs. mos. 1 ds.

Signed 410 S Dallas

(Coroner) M. D.

1928, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where disease was contracted, if not at place of death

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mt Standard Aug 16 1928

20 UNDERTAKER ADDRESS

John N Weber 401 Chester Av

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

2/6 65-4
2/6 36520

# HEALTH DEPARTMENT—CITY OF BALTIMORE

154 003 E 36520

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kathleen Ross

(a) RESIDENCE NO. 2231 Gough St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 3 Weeks | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER Clyde Ross

11 BIRTHPLACE OF FATHER (city or town) Ga -
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Katherine Krenszowski

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ____, 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1928, to Aug 13th, 1928, that I last saw her alive on Aug 13th, 1928 and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Congenital Hypertrophic Pyloric Stenosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? Yes Date of Aug 10th

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Lyman Meeks, M. D.

Aug 13 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Stanislaus | Aug 16 1928 |

| 20 UNDERTAKER | ADDRESS |
|---|---|
| John M Weber | 401 S Chester |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36521

## CERTIFICATE OF DEATH.

E 36521

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

2-FULL NAME Mrs. Mollie Schiller

(a) RESIDENCE NO. 115 N. Pine ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 30 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Schiller

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE — Years: 60 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: David Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Lenkeen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Dave Schiller
(Address) 115 N Pine St

15 Filed ..19.. Reg'r Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1928, to August 13, 1928, that I last saw h[illegible] alive on Aug. 13, 1928, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:
Acute Intestinal Obstruction

(duration) ... mos. 2 ds.
CONTRIBUTORY (Secondary): Carcinoma of Sigmoid
(duration) ... 2 mos. ...

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of Aug. 13, 1928
Was there an autopsy? No
What test confirmed diagnosis? Physical Signs + Operative findings
(Signed) Benj H Klotz M. D.
8-13, 1928 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehren Rosedale — DATE OF BURIAL: Aug 14 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 Eksalt St

Spec. 41-10-21—M&T—1500 Blks.

Solarz

E 36522

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

13 E 36522

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 1505 ST.) WARD)

2-FULL NAME Mrs. Jennie Salarz

(a) RESIDENCE NO. 3602 Fairview Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sampson Salarz

6 DATE OF BIRTH (month, day, and year) Jan 26 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 5 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER David Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sampson Salarz

(Address) 3602 Fairview Ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 12, 1928, that I last saw h e alive on Aug 12, 1928, and that death occurred, on the date stated above, at 10.40 A m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

CONTRIBUTORY (Secondary) (duration) Respiratory failure yrs. 6 mos. — ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug 4, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Bertha Lynde, M. D.

8/13, 19 28 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 8/15 1928

20 UNDERTAKER Jack Lewis 1453 E Balt St

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36523

E 36523

## CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Josephs Hosp. ST., 8-40 WARD)

2-FULL NAME Henry Fisher

(a) RESIDENCE No. 41 St. Claire Lane ST., New Brehms Lane WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lati Carolen Fischer

6 DATE OF BIRTH (month, day, and year): Sept. 15 1861

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 64 | 10 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Florist

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Vinkmeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: John Lyons. (Address): 41 St Claire Lane

15 Filed ..... 19 ..... 1896. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8 1925 to Aug. 11 1925, that I last saw him alive on Aug. 11 1925, and that death occurred, on the date stated above, at 12 00 p. m.

The CAUSE OF DEATH* was as follows:

Diabetic Gangrene

Chronic (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

19 (Address) Mt Vernon Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jerusalem Cemetery — DATE OF BURIAL: Aug. 14. 1925

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 4-17-26—A Co.—200 Blks.

E 36524

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Buck 59-092

E 36524

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2315 Kirk Ave St. 1-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mary Buck

(a) RESIDENCE NO. 2315 Kirk Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Wh

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 8-13-28

7 AGE — Years — Months — Days — IF LESS than 1 day 4 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General natore of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: H. H. Buck

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: E. M. Taylor

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Harry Buck

(Address) 2315 Kirk ave.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

8-13-28

17 I HEREBY CERTIFY, That I attended deceased from 8-13-28, 19..., to 8-13-28, 19..., that I last saw h.... alive on 8-13-28, 19..., and that death occurred, on the date stated above, at 2.25 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary thrombosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

8/15, 19 (Address) 2315 Kirk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natore of Injory, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Aug 14 1928

20 UNDERTAKER: George J. Ruth — ADDRESS: 1733 Harford Ave

AUG 14 1928

Buck

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 3lbs.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36525

## CERTIFICATE OF DEATH.

E 36525

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St.) (15-21 Ward)

2-FULL NAME Chas. W. Schiebel

(a) RESIDENCE NO. 2218 N. Monroe St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Schiebel

6 DATE OF BIRTH (month, day, and year): Oct 16—1875

7 AGE: Years 52 Months 9 Days 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marble Cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Wiegand Marble Co

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Carl Schiebel

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Amelia Reinhold

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Mary C. Schiebel

(Address) 2218 N. Monroe

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cellulitis of thigh

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Due to accident striking thigh on table edge

(duration) yrs. mos. ds.

(Signed) H. O. Lueth M. D.

(Coroner)

Aug 1, (Address) 1011 Hrs St Vivien

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Aug 15 1928

20 UNDERTAKER: H. J. Tucker & Sons — ADDRESS: Pa Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36526

## CERTIFICATE OF DEATH.

43 E 36526

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 E. Monument ST., 7-4 WARD)

2-FULL NAME Mamie Jones

(a) RESIDENCE NO 1627 E. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. B. Jones

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Charles Dallay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Catherine Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Wm. B. Jones (Address) 1627 E. Monument St.

15 Filed 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 11 1928

17

I HEREBY CERTIFY, That I attended deceased from June, 1928, to Aug 11, 1928, that I last saw h alive on Aug Aug 11, 1928 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomad Intestine & Metastasis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Senile Sciatica

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young M. D.

8/12 1928 (Address) 1429 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Actons Cemetery DATE OF BURIAL Aug 14 1928

20 UNDERTAKER: Chas. H. Johnson ADDRESS 406 N. Carrollton Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36527

## CERTIFICATE OF DEATH

3 ✓ E 36527

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2746 Pelham ST., 6-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mame Schaninger

(a) RESIDENCE NO. 2746 Pelham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Schaninger

6 DATE OF BIRTH (month, day, and year) Mar 1907

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 5 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER William Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Joseph Schaninger

(Address) 2746 Pelham St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11/28

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to Aug 11, 1928

that I last saw her alive on Aug 11, 1928

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis -

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency.

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum & Phys Exam

(Signed) Louis F. Krummrein, M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | Aug 16 1928 |
| 20 UNDERTAKER | ADDRESS |
| Frank Cova & Son | 1706 Eland |

To be filled in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—12-9,25—A.Co.—200 Bks.

E 36528

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

149 ✓

E 36528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 375 N Broadway St., 24 Ward)

2-FULL NAME Helen Valenta

(a) RESIDENCE NO. 515 N Chapel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Custer Valenta

6 DATE OF BIRTH (month, day, and year): Feb 14 1899

7 AGE: Years 29 | Months 6 | Days 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Jose Valenta

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Cuba

12 MAIDEN NAME OF MOTHER Catherine Brady

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Cuba

14 Informant Catherine Valenta

(Address) 515 N. Chapel St.

15 Filed....., 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-6, 1928, to 8-13, 1928, that I last saw h... alive on 8-12, 1928, and that death occurred, on the date stated above, at 7:00 P m.

The CAUSE OF DEATH was as follows:

Acute Nephritis

(with Pneumonia Incidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Acute

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Hart M. D.

8/13, 1928 (Address) 413 Wendover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: 19

20 UNDERTAKER: Grant Graf-ton — ADDRESS: 1911 Eastwood

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36529

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

31

E 36529

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N Luzerne ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Hadley

(a) RESIDENCE NO. 822 N. Luzerne ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W. | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14 1910

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 18 | 4 | 29 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (x School Boy)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Frank Hadley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Stefanie Kovonik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Frank Hadley

(Address) 822 N Luzerne

15 Filed ..., 19 Rut Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13/28

17 I HEREBY CERTIFY, That I attended deceased from March 1, 28 to Aug 13, 19 28, that I last saw him alive on Aug 13, 19 28, and that death occurred, on the date stated above, at 5.35 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngitis Pulmonary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Krause, M. D.

, 19 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Aug 16 19 28

20 UNDERTAKER Frank Kraft Son

ADDRESS Baltimore

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36530 E 36530

## CERTIFICATE OF DEATH.

REGISTERED NO. 23-32

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15 W. Barney ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Finneran

(a) RESIDENCE NO. 15 W. Barney ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | white | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 30/27

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | | 7 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edward Finneran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lillie Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Finneran (Address) 15 W. Barney

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1928, to Aug 13, 1928, that I last saw him alive on Aug 13, 1928 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. H. Cameron M. D.

(Address) 1644 Mason

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL 8/15 1928

20 UNDERTAKER J. Fran McCully

ADDRESS 13 E Fay

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36531

## CERTIFICATE OF DEATH

90 E 36531

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1228 N. Washington ST., 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lizzie Leah Waldman

(a) RESIDENCE NO. 1228 N. Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

a If married, widowed, or divorced HUSBAND of (or) WIFE of James Waldman

6 DATE OF BIRTH (month, day, and year) Oct. 31-1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 9 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER David Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Barbara Batchlor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John Waldman

(Address) 1228 N. Washington St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11-1928

17 I HEREBY CERTIFY, That I attended deceased from May 12- 1928, to Aug. 11- 1928, that I last saw h[illegible] alive on Aug. 11- 1928 and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Incompetency with Dilitation of Heart

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

8/13/1928 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | Aug 15 1928 |
| 20 UNDERTAKER | ADDRESS |
| George W. Zirkler | 1737 E. Eager St. |

important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36532

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

+90 E 36532

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 506 Maryland Ave. Brooklyn. St. 25-15 Ward)

2-FULL NAME Abraham Haskett.

(a) RESIDENCE NO. 506 Maryland Ave. Brooklyn. St. Ward Salem N. C.

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Widower. |

5a If ~~married, widowed, or divorced~~ HUSBAND of Mary Haskett.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 78 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer) 13

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Nannie Williamston. (daughter)

(Address) 506 Maryland Ave. Brooklyn.

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) W. M. Ernhardt M. D.
(Coroner)

8/18 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk, Va. Date of Burial Aug 16 1928

20 UNDERTAKER George W. Zinkler ADDRESS 1737 E Eager St

Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36533

## CERTIFICATE OF DEATH.

5 E 36533

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 314 North Monroe (ST.) (WARD) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry S. Rannels

(a) RESIDENCE NO. 314 North Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or ~~WIFE~~ of the late Sarah Rannels

6 DATE OF BIRTH (month, day, and year) Aug 15 1840

7 AGE: Years 87 Months 11 Days 26 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gas Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer: Penna R. R. Co

9 BIRTHPLACE (city or town) (State or country): York Co. Pa.

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Co Pa

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Informant: Bertha E. Rannels (Address) 314 North Monroe

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/10, 1928, to 8/10, 1928, that I last saw him alive on 8/10, 1928, and that death occurred, on the date stated above, at 8.53 P. m.

The CAUSE OF DEATH* was as follows:

Hemoplegia. Senility arteriosclerosis —

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Clinical

(Signed) Helen Hemming, M. D.

8/14 1928 (Address) 111 Hallett St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 8/15/1928

20 UNDERTAKER Geo Weber & Son — ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36534

## CERTIFICATE OF DEATH

129

E 36534

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Somerset ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Bangert

(a) RESIDENCE NO. 1004 Somerset ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if foreign birth 40 yrs. — mos. ds.

(If non-resident give city or town and State)

important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow. |

5a If married, widowed, or divorced (or) WIFE of Wm Cal Gillian Bangert

6 DATE OF BIRTH (month, day, and year) Not Known

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 54 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Hinter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hinter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Hinter

(Address) 1004 Somerset St

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1927, to Aug 13, 1928, that I last saw h[illegible] alive on Aug 12, 1928 and that death occurred, on the date stated above, at 9:20 A.M.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed): Thomas J Cochran M. D.

8-13, 1928 (Address) 1001 Argonne St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Hill Cemetery Towson Md — DATE OF BURIAL Aug 16 1928

20 UNDERTAKER Henry Hoen Son — ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 36535

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36535

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2118 Callow Ave ST. 13 WARD 59

2-FULL NAME Morris Greenberg

(a) RESIDENCE NO. 2118 Callow Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Greenberg

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 62 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Dan Greenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sarah Greenberg

(Address): 2118 Callow St

15 Filed . . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/14 1928

17

I HEREBY CERTIFY, That I attended deceased from 9/10 1926 to 8/14 1928

that I last saw him alive on 8/13 1928

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) 2 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Consultation

(Signed) Dan Greenberg M. D.

8/14 1928 (Address) 1722 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave — DATE OF BURIAL: Aug. 14 1928

20 UNDERTAKER: Jake Levin — ADDRESS: 1439 Balto St.

Spec.—1-13-23—M&T—500 Blks.

E 36536

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36536

1-PLACE OF DEATH University Hospital 13

CITY OF BALTIMORE: (No. ..... ST. 515 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julianna Winslow

(a) RESIDENCE NO. 514 Woodlawn Rd. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) May 15th 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 3rd | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Caleb Winslow

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rachel Randolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila

14 Informant Dr. J. Wilkerson (Address) Baltimore.

15 Filed ..... 19 ..... Registrar RVK

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1928, to Aug 13th, 1928, that I last saw her alive on Aug. 13, 1928, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pyelitis, Pyelonephritis, cystitis Uremia

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopic.

(Signed) M. C. Smoot, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cem' Harford Rd

DATE OF BURIAL Aug 16 1928

20 UNDERTAKER Henry W. Jenkins' Sons Co.

ADDRESS 20 Orchard Mt Cullough

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36537 E 36537

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1024 Bennett Place WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mytle Thomas

(a) RESIDENCE NO. 1024 Bennett place WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George T Thomas

6 DATE OF BIRTH (month, day, and year) Autumn 1896

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 32 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Luc St. Leveday

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Bessie Lee

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Bessie Harris
(Address) 1024 Bennett pl

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928 to Aug 11 28

that I last saw h.. alive on Aug 10 1928

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Uremia Nephritis

(duration) ....yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ho

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ....., M. D.

....., 19.. (Address) 00 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Auburn | Aug 14 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mrs. R. G. Elliott | 725 Fulton Ave |

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36538

# HEALTH DEPARTMENT—CITY OF BALTIMORE

74 5001
E 36538

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 11-24 WARD)

2-FULL NAME Henry Briggs

(a) RESIDENCE No. 358 W Baltimore ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown 1858

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unable to obtain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: BALTIMORE CITY HOSPITALS

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-11 1925

17 I HEREBY CERTIFY, That I attended deceased from 8-10, 1925, to 8-10, 1925

that I last saw h(e) alive on 8-10, 1925

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, or Hemiplegia, left

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: Aug 15, 1925

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Ashland Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36539

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1001

E 36539

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1814 W. Lanvale St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lulu E. Miner

(a) RESIDENCE NO. 1814 W. Lanvale St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Jan 7 1884

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 44 | 7 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Saratoga Springs

(State or country) N.Y.

PARENTS

10 NAME OF FATHER John H. Miner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Vermont

12 MAIDEN NAME OF MOTHER Fannie Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Fannie Miner

(Address) 1814 W Lanvale

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) one hr.

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) F. C. Smith M. D.

Aug 12 1928 (Coroner) (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial 8/15 1928

20 UNDERTAKER Chas R. Wade & Son ADDRESS 118 N. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36540

## CERTIFICATE OF DEATH.

12 4 E 36540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1374 Calhoun ST. 15-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Jackson

(a) RESIDENCE NO. 1374 Calhoun ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W. Jackson.

6 DATE OF BIRTH (month, day, and year): June 26, 1870

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 1 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Port Royal Va

PARENTS

10 NAME OF FATHER: James Burris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Susie Johnson

(Address) 1374 N. Calhoun St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/12 19 42

17

I HEREBY CERTIFY, That I attended deceased from 3/12, 19 42, to 8/12, 19 42.

that I last saw h alive on 8/12, 19 42

and that death occurred, on the date stated above, at 11:30 a m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chr. Nephritis

(duration) yrs. 5 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bert Curtis, M. D.

8/14 19 42 (Address) 2134 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Aug 15 1942

20 UNDERTAKER: Thomas E. Kelson

ADDRESS 1303 Pierstorff St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36541

## CERTIFICATE OF DEATH.

113 ✓

1-PLACE OF DEATH

City of BALTIMORE: (No. 1125 Whatcoat St. 16-22 Ward)

REGISTERED (No.) E 36541

2-FULL NAME Etta Bradford

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 1125 Whatcoat St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 24 1927

| 7 AGE | Years | Months | Days 21 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 9 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Aug 13 (State or country)

PARENTS

10 NAME OF FATHER Malcolm Bradford

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mabel Franklin

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mabel Bradford (Address) 1125 Whatcoat

15 Filed..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Leech, M. D.

(Coroner) (Address) 1211 Park Ave

*State the Disease Causing Death, or in deaths from Violent causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial Aug 14 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Pressman St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36542

# HEALTH DEPARTMENT—CITY OF BALTIMORE

90

## CERTIFICATE OF DEATH.

E 36542

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1327 Stockton ST. 15-23 WARD)

2-FULL NAME Chas. Thomas

(a) RESIDENCE NO. 1327 Stockton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philoma Thomas

6 DATE OF BIRTH (month, day, and year) Nov. 15. 1873

7 AGE 54 Years 55 Months 8 Days 26 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md.

PARENTS

10 NAME OF FATHER Geo Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Philoma Thomas

(Address) 1327 N. Stockton st

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/11 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8/6, 19 28, to 8/11, 19 28, that I last saw h[illegible] alive on 8/10, 19 28, and that death occurred, on the date stated above, at 6 A m

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

1

(duration) yrs. 6 mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dan'l Coffey, M. D.

8/13, 19 28 (Address) 2134 Dennison Ave

*State the Disease Causing Death, or in deaths from: Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Aug 14 1928

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Presstman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36543

31

E 36543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

City of BALTIMORE: (No. 1112 N. Carey St. 16-23 Ward)

**2-FULL NAME** Helen Stovall

(a) **RESIDENCE NO.** 1112 N. Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | Colored | married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Stovall

6 DATE OF BIRTH (month, day, and year) Feb 14-1905.

| 7 AGE. Years | Months | Days 27 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 23 | 5 | 28. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington

(State or country) D. C.

PARENTS

10 NAME OF FATHER Calvin Warren

11 BIRTHPLACE OF FATHER (city or town) Fort Wayne

(State or country) Ind.

12 MAIDEN NAME OF MOTHER Agnes King.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) King George Co. Va.

14 Informant Agnes Warren.

(Address) 1112 N. Carey St.

15 Filed....., 19 ..... Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) August 11 1928

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to August 11, 1928, that I last saw h[illegible] alive on August 10, 1928, and that death occurred, on the date stated above, at 1 15 8 m.

The CAUSE OF DEATH* was as follows:

Pulmonary and intestinal Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & sputum

(Signed) [illegible], M. D.

8-11, 1928 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial Aug 14 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Pressman St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36544

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

109-092 E 36544

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 102 E. Pleasant ST. (WARD) 4-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard V. Lamb

(a) RESIDENCE NO. 102 E. Pleasant ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 28 ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Bennett

6 DATE OF BIRTH (month, day, and year): Oct. 15, 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 8 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER ------- Lamb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Catherine Lamb
(Address) 102 E. Pleasant St.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-13-1928

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to Aug 13, 1928
that I last saw him alive on Aug 13, 1928
and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Cyanosis Acquired.
Heart & age

as above

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ns

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) T K Sewall, M. D.

, 19 (Address) 117 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | 8/16 19 28 |

20 UNDERTAKER: Henry U. Mears & Son — ADDRESS: 805 N. Calvert St.

Important. See instructions on back of certificates.

AUG 14 1928 HAROLD JONES, M.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36545 E 36545

## CERTIFICATE OF DEATH

43

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 30-14 ST., WARD)

2-FULL NAME Mr Neal Evans

(a) RESIDENCE NO. 2146 W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE — Years: 57 — Months: 5 — Days: 7 — If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 050

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John D. Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Marys Co Md.

12 MAIDEN NAME OF MOTHER: Mary J. Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St. Marys Co Md

14 Informant: Mrs. Frank Turney

(Address): 3023 Frisby St.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/29, 1928, to 8/13, 1928, that I last saw h[illegible] alive on 8/13, 1928 and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma 2 Hard 2 month with local metastases

(duration) 2 yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Cerebral embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/20/28

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Wm C Poland, M. D.

8/14, 1928 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Ban — DATE OF BURIAL: Aug 16 1928

20 UNDERTAKER: Geo H Little — ADDRESS: 2700 Edmondson Av

14 1928 C. HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

George L Hall

E 36546 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36546

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH TIMORE CITY HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 17-25 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George S. Hall

(a) RESIDENCE No. 671 West Franklin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Wid |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not given

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Geo. S. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Anna Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y

14 Informant BALTIMORE CITY HOSPITALS Records

15 Filed 19 1925 RRH Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9 1925

17 I HEREBY CERTIFY, That I attended deceased from 7-27, 1925, to 8-9, 1925, that I last saw him alive on 8-9, 1925, and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Acute

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Lab. Exam

(Signed) H. M. Hitch, M. D.

19 (Address) TIMORE CITY HOSP

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred and buried, Natural Cem. DATE OF BURIAL 8-12-25

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36547

E 36547

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

2-FULL NAME Francis Bradley

(a) RESIDENCE NO. 261 Rockett ST, ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col. | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 33 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Evan Bradley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Franklin?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant ..... (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... 2702 RPM Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5 1927

17 I HEREBY CERTIFY, That I attended deceased from 8/4, 1927, to 8/5, 1927, that I last saw h[illegible] alive on 8/5, 1927, and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Alcoholism & Face

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) ..... R. M. Slack, M. D.

, 19 ..... (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred, Ivanhoe Cem. | DATE OF BURIAL Westminster Md 8-17-1927

20 UNDERTAKER H. Bankard & Son. | ADDRESS Westminster Md

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36548 HEALTH DEPARTMENT—CITY OF BALTIMORE 01 36548

CERTIFICATE OF DEATH. 101-01

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 22-21 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Coleman

(a) RESIDENCE NO. 714 Bevan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 35 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Neal Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anna Coleman Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records BALTIMORE CITY HOSPITALS

15 Filed ..... 19 3206 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-11 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-8, 1928, to 8-11, 1928, that I last saw h alive on 8-11, 1928, and that death occurred, on the date stated above, at 11:45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, both lower lobes

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Myocarditis, acute

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Lab & X-Ray

(Signed) H. M. Hitch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL AUG 14 1928

20 UNDERTAKER

ADDRESS

TION is very important See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

*E 36549

## CERTIFICATE OF DEATH

161-09 E 36549

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Maryland Genl Hosp St. Wards)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Weber

(a) RESIDENCE NO. 1624 Edmondson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8-11-28

7 AGE — Years: 0 Months: 0 Days: 0 IF LESS than 1 day 4 hrs. 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Gerald Miles Weber

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Tilghmans Island, Md.

12 MAIDEN NAME OF MOTHER Blanche Yager

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md.

14 Informant Hospital Record.
(Address)

15 Filed ..... 19 .....
2700 RPN Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
8-11-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 19 28, to Aug 11, 19 28, that I last saw him alive on Aug 11, 19 28, and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity -
6½ mo. Fetus.

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) —

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8-11-28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Thos. A. Dougherty, M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner Health.

AUG 1A 19

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36550 E 36550

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 103 N. Amity ST. 18-24 WARD) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Johnson,

(a) RESIDENCE NO. 103 N. Amity ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Johnson

6 DATE OF BIRTH (month, day, and year): Mar 12, 1903

7 AGE: Years 25 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Maryland

PARENTS

10 NAME OF FATHER: Frank Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Montgomery Co., Md

12 MAIDEN NAME OF MOTHER: Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

14 Informant: Laura Johnson (Address) 103 N. Amity St.

15 Filed , 19 . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13. 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 8. , 1928 to Aug. 13. , 1928, that I last saw him alive on Aug 13. , 1928, and that death occurred, on the date stated above, at 1035 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary): none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) [illegible] M. D.

(Address) 888 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Howard Co Md

DATE OF BURIAL: Aug 16, 1928

20 UNDERTAKER: Mrs Katie R. Hellmann

ADDRESS 822 W. Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Blks.

E 36551

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36551

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Vine St., St. 18-K Ward)

2-FULL NAME Thomas Jerome Tilghman

(a) RESIDENCE NO. 1004 Wagon Alley St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Aug. 26, 1902

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 26 Yrs. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Thos. Tilghman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Percilla Snowden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Lillian Cooper

(Address): 1313 Brunt St.

15 Filed....., 19.. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 12, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains desrribed above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidenre obtained Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Signed ..... M. D.

Aug 14 1928 (Address) 1 Cedar St., Curtis Bay, Maryland.

(Coroner)

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Mt Auburn Cemetery | Aug 15 1928 |

20 UNDERTAKER: Mrs. Katie K. Wiggins ADDRESS 321 N. Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21-M&T-1500 Blks.

E 36552

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36552

## CERTIFICATE OF DEATH.

3/4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 715 Carroll (St.) (Ward) 21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred. V. Harrison

(a) RESIDENCE NO. 715 Carroll (St.) ..... (Ward) .....

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 30 1909

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | 3 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsburg Pa

PARENTS

10 NAME OF FATHER Richard. T. Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Etta Rosenrock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant Richard. T. Harrison
(Address) 715 Carroll st

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1928 to Aug 13 1928

that I last saw her alive on Aug 12 1928

and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

(duration) yrs. 4½ mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy and Clinical Signs

(Signed) J M Dorsey, M. D.

(Address) 6 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Aug 16 1928

20 UNDERTAKER Jos Jones & Son

ADDRESS 2078 Pa

CAUTION should be exercised. AGE should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HARRISON JONES, M. D.

Spec.—2-29-28—L. F. S.—800 Bks.

216773 E 36553

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 36553

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 5-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Smith

(a) RESIDENCE NO. 5-44 Spring ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) U-S-

PARENTS

10 NAME OF FATHER Alfred Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) U-S-

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U-S-

14 Informant Reeds -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-13-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 13, 1928, that I last saw him alive on Aug 13, 1928 and that death occurred, on the date stated above, at 7 30 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Arteriosclerosis
Chronic Nephritis
Indef. (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) 0
(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? At home -

Did an operation precede death? No Date of

Was there an autopsy? Yes -

What test confirmed diagnosis? Autopsy

(Signed) C H Burgess, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem.

DATE OF BURIAL 8-16 1928

20 UNDERTAKER Byron & Wright 1218 McCulloh St

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 36554

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36554

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1926 N. Monroe ST. 15-21 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Graham

(a) RESIDENCE No. 1926 N. Monroe ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 2½ yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 12 1923

7 AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 4 | 9 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Harry A Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Helen M Navratil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant M. Harry A. Graham
(Address) 1926 N. Monroe

15 Filed ....., 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1928, to Aug 13, 1928, that I last saw him alive on Aug 13, 1928 and that death occurred, on the date stated above, at 1.45 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Right)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Geo E. Shannon, M. D.

, 19 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral — DATE OF BURIAL Aug 15 1928

20 UNDERTAKER A S Marshall — ADDRESS 3539 Fall Rd

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36555

90 E 36555

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1504 John St. 14-20 Ward)

2-FULL NAME Robt L. Parsons.

(a) RESIDENCE NO 1504 John St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella E. Parsons

6 DATE OF BIRTH (month, day, and year): 1836 - May 6.

7 AGE: Years 72 Months 3 Days 7 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Isaac Parsons

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Ruth E. Parsons

(Address) 1504 Johns St.

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatism

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 5 yrs. mos. ds.

(Signed) Geo. E. Funk (Coroner) M. D.

Aug 14th 28 (Address) 108 North East Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury Memorial Gdns

Date of Burial: Aug 15 1928

20 UNDERTAKER: William Cook

ADDRESS: 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36556

## CERTIFICATE OF DEATH.

E 36556

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 13-54 St. Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Rupp

(a) RESIDENCE No. 2503 Salem St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White Male

5 Single, Married, Widowed, or Divorced, (write the word): not given

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 75 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Rebecca

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records BALTIMORE CITY HOSPITALS (Address)

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-5, 1928, to 8-17, 1928, that I last saw him alive on 8-17, 1928, and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic -

Ulceration of Cancer of Stomach

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY (Secondary) arteriosclerosis

Emphysema (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab + X-Ray

(Signed) H. M. Black, M.D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden

DATE OF BURIAL: 8/15 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E. 20th St

TION is very important. See instructions on back of certificates.

CHESTER C. THOMPSON JONES, M.D.

Cor.—12-9-25—A Co.—200 Bks.

E 36557

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001

E 36557.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hosp. St. 11th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME R. Newton Hicks

(a) RESIDENCE NO. 308 N. Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emily C. Hicks

6 DATE OF BIRTH (month, day, and year): Mch 4th 1858

7 AGE: Years 70 Months 5 Days 10

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Levin Hicks

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah M. Wilbourne

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mrs. Sarah M. Hicks

(Address) 308 N. Carey

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14th 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest/Inquiry on the 14th day of Aug 1928 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest/Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Duration

CONTRIBUTORY (Secondary)

Duration

(Signed) Thos. B. Horton M. D.

Aug 14, 1928 (Address) Curtis Bay Md

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sudlersville Md. Date of Burial: Aug. 15 1928

20 UNDERTAKER: Wm. C. Black ADDRESS: 927 N. Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 36558

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 36558

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., (F.) 1723 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Lockman

(a) RESIDENCE No. 917 Wilmore Alley St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE: Years 29; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Louis Lockman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Mary E. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records Balto. City Hospital (Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to Aug. 11, 1928, that I last saw him alive on Aug. 11, 1928, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous empyema.

Pulmonary tuberculosis, acute.

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C Smith M. D.

8-13, 1928 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL: Aug 15, 1928

20 UNDERTAKER: Leonard Wade — ADDRESS: 649 Pierce St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36559

## CERTIFICATE OF DEATH.

74-001

E 36559

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1913 N Regester St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis C Foos

(a) RESIDENCE NO. 1913 N Regester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 ~~Single, Married, Widowed, or Divorced.~~ (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 2 - 1845

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 83 | 7 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER James A. Foos

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mary Burgan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant Jennie Elgert

(Address) 1913 N Regester st

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterus Sclerosis

(duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.

(Coroner)

, 19 (Address) 143 W Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Aug 15, 1928

20 UNDERTAKER: Robt L Turnbull ADDRESS: 1442 N Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36560

## CERTIFICATE OF DEATH.

E 36560

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John P Adams

(a) RESIDENCE NO. 1806 Maxwell St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29 1909

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 18 | 9 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deck Hand

(b) General nature of industry, business, or establishment in which employed (or employer) Dredge Severn

(c) Name of employer Arundel Corp.

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Adams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Ellis Witowska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Joseph Adams

(Address) 1806 Maxwell Ave Dundalk

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning when he slipped from dredge Severn

(duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Fenton M. D.
(Coroner)

Aug 15 1928 (Address) 7006 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart of Mary Date of Burial Aug 17 1928

20 UNDERTAKER ADDRESS

Geo. A. Weber 2205 Bank St

If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-26 A Co. 200 Blks.

E 36561

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

45 E 36561

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE, (No.) 71 N. Vincent St. (Ward) 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alice Bell.

(a) RESIDENCE NO. 71 N. Vincent St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sylvanus Bell

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 44 Months — Days — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Hill

11 BIRTHPLACE OF FATHER (City or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mrs. Sylvanus Bell (Address) 71 N. Vincent St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): August 13th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 6 1928, to Aug 13th 1928.

that I last saw h.. alive on Aug 13th 1928

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary): Metastasis to Rectum

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) W. E. Bell, M. D.

. 19 (Address) 1 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. Date of Burial: Augt 16th 19

20 UNDERTAKER: A. Jones ADDRESS: 1 E. Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36562

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36562

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 16-2 REGISTERED NO. 90

CITY OF BALTIMORE (No. ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Henning

(a) RESIDENCE NO. 114 So Bouldin ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Rel BALTIMORE CITY HOSPITALS

15 Filed , 19 RLH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-12 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-23, 1928, to 8-12, 1928, that I last saw h[illegible] alive on 8-12, 1928 and that death occurred, on the date stated above, at 10-35 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Myocarditis, Chr

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Pneumonitis (duration) Unknown

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Black, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Aug. 15 1928

20 UNDERTAKER Kelly & Zeiler INC. — ADDRESS 1603 N Gay St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 36563

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 36563

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 S. Addison St. 16-4 Ward)

2-FULL NAME Joseph Madigan

(a) RESIDENCE NO. 108 Addison St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE Years 54 Months — Days — IF LESS than 1 day.....hrs. or.....min.

53

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Madigan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Victoria Collins

(Address) 108 Addison St

15 Filed..... 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1928.

17 I HEREBY CERTIFY THAT I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Chronic Endocarditis

Found dead

CONTRIBUTORY (Secondary) ..... yrs. ..... mos. ..... ds.

(Duration) ..... yrs. ..... mos. ..... ds.

Signed Thos. B. Horton M. D.

(Coroner)

Aug 15, 1928 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See [illegible] Additional Rules, etc.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Aug 15 1928.

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12 23—M&T—500 Blks.

E 36564

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37-001 E 36564

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) 4-16 (WARD)

2-FULL NAME John Turner

(a) RESIDENCE NO. 727 W. Saratoga st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1923

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work --

(b) General nature of industry, business, or establishment in which employed (or employer) --

(c) Name of employer --

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Hazel Poindexter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1928, to Aug. 14, 1928, that I last saw him alive on Aug. 14, 1928, and that death occurred, on the date stated above, at 6.05 a. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis;
Tuberculous meningitis.

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis Clinical and autopsy

(Signed) Henry C Smith, M. D.

8-14 1928 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 8/16 1928

20 UNDERTAKER Samuel Easton — ADDRESS 916 Park

TION IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36565

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36565

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 115 N. Bond. ST. 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Carrie Harris

(a) RESIDENCE NO. 115 N. Bond. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-25-1908

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 20 | 1 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Ephriam Taylor.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Mikie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Ephriam Taylor
(Address) 115 N. Bond.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-12-1928

17 I HEREBY CERTIFY, That I attended deceased from 5-31- , 1928 , to 8-12- , 1928 ,

that I last saw h[illegible] alive on 8-11- , 1928

and that death occurred, on the date stated above, at 11,45 P m

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis glands

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Cargill, M. D.

8-15-1928 (Address) 611-N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cestury Cemetery — DATE OF BURIAL Aug 15 1928

20 UNDERTAKER Robert V. Williams — ADDRESS 15 15 Mc Elderry St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36566

90 E 36566

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Carrie Pinkler

(a) RESIDENCE NO. 4504 Pemberton ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married not given |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Pinkler

6 DATE OF BIRTH (month, day, and year) 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Henry Beck

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Carrie (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

15 Filed ....., 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13-1928

17

I HEREBY CERTIFY, That I attended deceased from 4-11, 19 28, to 8-13, 19 28,

that I last saw her alive on 8-13, 19 28

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Hemiplegia, left, Residual Chronic nephritis

(duration) 1 yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Hypertention - arterio - Sclerosis (duration) unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical + Lab -

(Signed) H. M. Hirsh, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Aug. 16 19 28 |
| 20 UNDERTAKER | ADDRESS |
| J. M. Cook | 512 E. Lafayette |

FROM is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36567

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Baltimore 38 S. Stricker 113 E 36567

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Maldrin ST., 21-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy K Prince

(a) RESIDENCE NO. 1013 Maldrin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 18-1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 9 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Prince

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Charles Prince

(Address) 1013 Maldrin St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Aug 13, 1928, that I last saw her alive on Aug 12, 1928 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis - colitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) A. Burkins, M. D.

8/14, 1928 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwarz Cemetery

DATE OF BURIAL 8/15 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Wash

Spec. 2-29-28 L. F. S. 500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36568

## CERTIFICATE OF DEATH

143-001 E 36568

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1644 S. Charles ST. 23-32 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Myrtle I. Gerver

(a) RESIDENCE NO. 1644 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Gerver

6 DATE OF BIRTH (month, day, and year) Jan. 24, 1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | 6 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitress 870

(b) General nature of industry, business, or establishment in which employed (or employer) Public School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Pennington Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington N.C.

12 MAIDEN NAME OF MOTHER Caroline Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburgh Pa

14 Informant George J. Pennington

(Address) 1644 S. Charles St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13. 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1928, to Aug 13, 1928, that I last saw h[illegible] alive on August 13, 1928, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia

Following abortion.

(Pt. Fed. Tom. trusted in Tropical prior to my attendance)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? NS Date of

Was there an autopsy? NS

What test confirmed diagnosis? Clinical Findings

(Signed) Allen W. Keech, M. D.

(Address) 1412 Eight St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Signature of Informant Required by Law

Also Signature of Undertaker

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL Aug 16 1928

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light

Spec.—1-12-23—M&T—500 Bks.

E 36569

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16 V

E 36569

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Mound ST. 1427 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ruth Spenser

(a) RESIDENCE NO. 501 N. Mound ST., 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7 1925

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER William Spenser

11 BIRTHPLACE OF FATHER (city or town) Washington (State or country) D.C.

12 MAIDEN NAME OF MOTHER Rosa Jackson

13 BIRTHPLACE OF MOTHER (city or town) Norfolk (State or country) Va.

14 Informant William Spenser (Address) 501 N Mound St

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17/ 19 28

17

I HEREBY CERTIFY, That I attended deceased from 8/13/ 19 28 to 8/17/ 19 28

that I last saw her alive on 8/13/ 19 28

and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Asphyxia by suffocation

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Thymic Asthma

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Hospital

(Signed) Carl Bikle, M. D.

, 19 (Address) 709 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn

DATE OF BURIAL 8-19- 1928

20 UNDERTAKER Joseph A Lively

ADDRESS Mount St

HOW is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36570 ✓ + 19 E 36570

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Calvert & 33rd St. Balto. ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Bordley

(a) RESIDENCE NO. Elliott City, md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19, 1920

| 7 AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 8 yrs | 1 mo | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centreville, Md.

PARENTS

10 NAME OF FATHER W. Worthington Bordley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlestown Md.

12 MAIDEN NAME OF MOTHER Katherine Keeley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlestown Md.

14 Informant Mrs. Worthington Bordley

(Address) 5411 Guilford Terrace

15 Filed ____, 19 RLK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14 1928

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to Aug. 14, 1928,

that I last saw her alive on Aug. 13, 1928

and that death occurred, on the date stated above, at 1, 15 P. M.

The CAUSE OF DEATH* was as follows:

Lympho-Sarcoma

(duration) ? yrs. ? mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Wallace R. Swarbrick, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Centreville, Md. DATE OF BURIAL 8/15/1928

20 UNDERTAKER C. J. Fanning & Son - 1938 Lafayette Ave. ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 36571 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36571

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 207 (ST.) London Ave (WARD) 10-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Helen Frost Bruck

(a) RESIDENCE NO. 207 London Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, ~~widowed, or divorced~~ (or) WIFE of H. Mitchell Bruck

6 DATE OF BIRTH (month, day, and year) Aug 26, 1908

| 7 AGE | Years | Months | Days 16 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | 11 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore -

PARENTS

10 NAME OF FATHER Benj. F. Frost

11 BIRTHPLACE OF FATHER (city or town) (State or country) D.C.

12 MAIDEN NAME OF MOTHER Rose Shaeffer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant H. Mitchell Bruck. (Address) 207 London Ave

15 Filed ..... 19 ... REM - Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1928 to Aug 12 1928 that I last saw h[illegible] alive on Aug 12 1928 and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Intestinal Enteritis

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray & Clinical Findings

(Signed) James Gatewell, M. D.

(Address) 715 Frederick Ave Catons.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug 15 1928

20 UNDERTAKER: John H. Denny — ADDRESS: 715 Light

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36572

# HEALTH DEPARTMENT—CITY OF BALTIMORE

43 E 36572

## CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 742 S. Ellwood Ave (STREET OR AVENUE) (WARD)

2—FULL NAME William P. Long

(a) RESIDENCE NO. 742 S. Ellwood Ave ST.. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Long

6 DATE OF BIRTH (month, day, and year): Feb. 9 1867

7 AGE — Years: 60 | Months: 7 | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Water Dept

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Wm. Long

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Arabelle Ruley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto City

14 Informant: Mary Long
(Address) 742 S Ellwood Ave

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 14, 1928

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Aug 14, 1928,

that I last saw him alive on Aug 10, 1928

and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Joseph Toulson, M. D.

19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 8/16/1928

20 UNDERTAKER: J. J. Moran

ADDRESS 3000 E Balto.

Spec.—1-12-23—M&T—500 Blks.

E 36573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36573

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Payson St. ST. 20-27 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander H. Beaumont

(a) RESIDENCE NO. 319 N. Payson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Beaumont

6 DATE OF BIRTH (month, day, and year) March 5, 1846

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 5 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County, Maryland

PARENTS

10 NAME OF FATHER Thomas Beaumont

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Julia Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co. Md.

14 Informant Harry A. Beaumont

(Address) 21 N. Fulton Ave.,

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14 1928

17

I HEREBY CERTIFY, That I attended deceased from August 8th, 1928, to August 13th, 1928, that I last saw him alive on August 13th, 1928, and that death occurred, on the date stated above, at 1.40 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. nios ds.

CONTRIBUTORY (Secondary) Pneumonia (Broncho)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Geo. J. Covalaine, M. D.

8/14/28 (Address) 24 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Aug. 17 1928

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore

Spec—12-23-21—E.B.R.S.—400 Bks.

E 36574 E 36574

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 43 V

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 120 Penna ave St., 17-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Dempsey Riddick

(a) Residence No. 120 Penna ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 7 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE Col | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Chas H D Riddick

6-DATE OF BIRTH (month, day and year) 1881

7-AGE 47 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), N C

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (city or town) (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER, [illegible]

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), [illegible]

14- (Informant) Jamie Dempsey N C Husband

(Address) 7 Colburn Ave Elizabeth City N C

15- Filed 192 Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 15 / 28

17- I HEREBY CERTIFY, That I attended deceased from May 4 19 28 to Aug 15 19 28

that I last saw h[illegible] alive on Aug 14 19 28

and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion

(Duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary) Sarcoma, rt shoulder

+ jaw (Duration) 0 yrs. 5 mos. ? ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) John Ostenberry M. D.

, 19 Address) 1037 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Elizabeth City NC | DATE OF BURIAL, 8/16 19 28

20-UNDERTAKER, Daniel Eastow | ADDRESS 916 Penna ave

Approved

[illegible] C. HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

E 36575 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36575

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH United States Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 12-51 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Welbert E. Lee

(a) RESIDENCE No. Sunny Bank, Va. ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/6/1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 6 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work A. B. Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer U.S. "Eliza T"

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Cora Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Interment Records, U.S. Marine Hospital (Address)

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from August 11, 1928, to August 15, 1928, that I last saw him alive on August 15, 1928, and that death occurred, on the date stated above, at 5:40 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis parenchymatous, chronic

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Uremia, acute

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? aboard ship

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical examination & Laboratory Findings

(Signed) Houston J Foster, M. D.

. 19 (Address) U.S. Marine Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reedville, Virginia — DATE OF BURIAL aug 15, 28

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 125 E. North ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36576

## CERTIFICATE OF DEATH.

19 E 36576

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 N. Milton av ST. 8-16 WARD)

2-FULL NAME Conrad Charles. Dittrich

(a) RESIDENCE NO. 1300 N. Milton av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13 1910

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 18 | 2 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Dittrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna M. Dunbrack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Dittrich father

(Address) 1300 N Milton av

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 1928 to Aug 12 1928, that I last saw him alive on Aug 12 1928, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart 2 hrs

Mitral Regurgitation 3 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Prostration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos J. U Stevens, M. D.

8/13 1928 (Address) 2818 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL Aug 16, 19 28

20 UNDERTAKER Chas. L. Stevens ADDRESS 1506 E Fort Ave

TION IS very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36577

## CERTIFICATE OF DEATH

45 E 36577

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins apt. St Paul + 31st/ ST. 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Geer Rossman

(a) RESIDENCE NO. St. Paul 31st/ ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Rossman

6 DATE OF BIRTH (month, day, and year) Apr. 3/1850

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 7 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Erastos Geer

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Agnes Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mr. Gellott

(Address) St Paul + 31st/ st.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-14-1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Aug 14, 1928, that I last saw h[illegible] alive on Aug 14, 1928 and that death occurred, on the date stated above, at 11½ A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Descending Colon

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Death

(Signed) Hamilton McClean, M. D.

. 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 8/16 19 28

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st

Spec. 1-10-21 M&T 1500 Blks.

E 36578

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Windsor Mill Rd.

## CERTIFICATE OF DEATH.

E 36578

129

1-PLACE OF DEATH 5313 Woodlawn Road Windsor Mill Road (Baltimore) St. 28-16 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

2-FULL NAME Pierre Duvinage.

Windsor Mill Rd.

(a) RESIDENCE NO. 5313 Woodlawn ST. Baltimore Md. WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen V. T. Duvinage

6 DATE OF BIRTH (month, day, and year) Mar. 23, 1870

| 7 AGE | 58 Years | 4 Months | 22 Days 21 | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer (Paint Stains)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Brooklyn. N.Y.

PARENTS

10 NAME OF FATHER Louis Duvinage.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Owego (State or country) N.Y.

14 Informant Mrs Pierre Duvinage (Wife)
(Address) 5313 Woodlawn Mill Road.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14. 1928

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to Aug 14, 1928, that I last saw him alive on Aug 13, 1928, and that death occurred, on the date stated above, at 4.10 a m.

The CAUSE OF DEATH* was as follows:

Carbuncle(s) - Septicemia.
(Pyelitis & Ch. Hepatitis.)

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Cardiac Failure. (Sudden)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes. Date of July 9.

Was there an autopsy? no

What test confirmed diagnosis? Clinical & operation.

(Signed) Clement R. Monroe, M. D.

, 19 (Address) Union Memorial Hospital - Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn, N.Y.

DATE OF BURIAL Aug. 16 1928

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St.

TION IS very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36579

E 36579

## CERTIFICATE OF DEATH

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 126 Milton St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Jane O'Malley

(a) RESIDENCE NO. 912 N Milton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick T. O'Malley

6 DATE OF BIRTH (month, day, and year) 4-4-1867

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 61 | 4 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Henry

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Emma Henry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Wm O'Malley

(Address) 912 N. Milton Ave.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 14 28

17 I HEREBY CERTIFY, That I attended deceased from July 14, 19 28, to Aug 14, 19 28, that I last saw h alive on Aug 13 19 28, and that death occurred, on the date stated above, at 12-20 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? - -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? By Clinical Findings

(Signed) Geo. Eldredge M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial 8/16/1928.

20 UNDERTAKER J. Walter Jenkins ADDRESS 1735 Eutaw

OCCUPATION is very important. See instructions on back of certificates. Last statement of OCCUPATION is of longest time, unless of short duration, so that it may be properly classified.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36580

## CERTIFICATE OF DEATH.

X 179 ✓ E 36580

1-PLACE OF DEATH

REGISTERED NO 24123

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Frost.

(a) RESIDENCE NO. Pasadena, A. A. Co. Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Do not know. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 56 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Hospital Report.

(Address)

15 Filed ..... 19 .....

*Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septic infection.
Accidental burns about the body.
Lighted cigarette setting fire to bed,

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.
(Coroner)

8/14 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Pasadena, A. A. Co. Md. June 14, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. Date of Burial 19

20 UNDERTAKER Commissioner Health. ADDRESS

Per Wm E WOODALL

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—2-29-28—L. F. S.—500 Bks.

21780

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36581

## CERTIFICATE OF DEATH

9

E 36581

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gene Parker

(a) RESIDENCE NO. 513 N Central Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17-1928

7 AGE — Years | Months 6 7 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Pete Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amanda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 JOHNS HOPKINS HOSPITAL

Filed [illegible] 19 [illegible] *Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 14, 1928, that I last saw h[illegible] alive on Aug 14, 1928 and that death occurred, on the date stated above, at 12 45a m.

The CAUSE OF DEATH* was as follows:

Dysentary.

CONTRIBUTORY (Secondary) Lutrues (duration) yrs. mos. 8 ds.

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No. Date of

Was there an autopsy? yes.

What test confirmed diagnosis? —

(Signed) Lyman Marks, M. D.

Aug 14 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL
AUG 15 1928

Spec.—2-29-28—L. F. S.—500 Bks.

216778 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-001

E 36582 CERTIFICATE OF DEATH E 36582

1—PLACE OF DEATH (REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 20-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Peddicord

(a) RESIDENCE NO. 2006 Boyd St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | | 2 hrs. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER Janette —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant Parents —

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 15 1928 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 10, 1928,

that I last saw him alive on Aug 10, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 1 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? —

(Signed) Lyman Meeks M. D.

Aug 13, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: AUG 15 1928

20 UNDERTAKER — ADDRESS

Commissioner of Health.

Spec.—1-12-23—M&T—500 Blks.

E 36583

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36583

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 24

CITY OF BALTIMORE: (No. St. 16-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phyllis Scott

(a) RESIDENCE NO. 4118 Whalcoat ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 8 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country) "

14 Informant Parents

BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-12 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-11, 1927, to 8-12, 1928, that I last saw her alive on 8-12, 1928, and that death occurred, on the date stated above, at 7 15 m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis, Epidemic, Residuals

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab. exam

(Signed) P. M. Hitch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

Cor.—12-9-25—A Co.—200 Bks.

E 36584

# HEALTH DEPARTMENT—CITY OF BALTIMORE

166E 36584

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 H. Hoffman 2-4 St. Ward)

2-FULL NAME Vincent Stibek

(a) RESIDENCE NO. 629 S. Chapel St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced: (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Stibek

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE: Years 35 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Lee Rockka

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER James Stibek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Henry Hague

(Address) 706 S. Bond St

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Inhaled Poisoning

(Duration) yrs. 1 mos. 4 hr

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 4 hr

(Signed) A. G. Gladden M. D.

(Coroner)

15 E. Fayette (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Sepulchre Date of Burial 8/16 19 28

20 UNDERTAKER Bell & Son ADDRESS 502 E. Fayette

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36585

## CERTIFICATE OF DEATH.

66 E 36585

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-16 Ward)

2-FULL NAME Frederick Jaeger

(a) RESIDENCE NO. 741 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 27, 1876.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 52 | 2 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ernest Jaeger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Bast

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant John Jaeger

(Address) 133 N. Ann St.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

8/15/28. (Address) 1739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial 8/16 1928

20 UNDERTAKER William Cook — ADDRESS 502 E North Ave

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36586 ✓ E 36586

## CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

City of BALTIMORE: (No. 440 W Conway St. Ward) 21-30

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Lewis Bates

(a) Residence No. 440 W Conway St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Unknown 1877

7-AGE. 51 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Hay Laborer

(b) General nature of industry, business, or establishment in which employed (or employer). 440

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Greensborough Ala.

PARENTS.

10-NAME OF FATHER. Booker Bates

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ala.

12-MAIDEN NAME OF MOTHER. Nettie Buckingham

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). N. C.

14- (Informant). Frances Bates

(Address). 440 W. Conway St.

15- Filed. 1928 Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8/13/28

17- I HEREBY CERTIFY, That I attended deceased from 7/20, 1928, to 8/13, 1928, that I last saw him alive on 8/13, 1928, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatoid Arthritis resulting in Acute Endocarditis

(Duration) — yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) Wm H. Frazier M. D.

, 19 (Address) 138 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Calvary — DATE OF BURIAL. Aug. 16 1928

20-UNDERTAKER. John H. Toadvine — ADDRESS 1027 Pound Hill

C. HARRISON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36587 — E 36587

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1813 Poplar Grove St. 1567 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William M. Yoder

(a) Residence No. 1813 Poplar Grove St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Dec. 3, 1845

7-AGE. 82 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of Industry, business, or establishment in which employed (or employer). —

(c) Name of employer. —

9-BIRTHPLACE (city or town) (State or Country). Harrisburg, Pa.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Pa

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Pa

14- (Informant) Mrs. Grace Kilmer

(Address) 1813 Poplar Grove St.

15- Filed ..... 192 ..... Registrar. [illegible]

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 15, 1928.

17- I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1928, to Aug. 15, 1928, that I last saw him alive on Aug. 15, 1928, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physician

(Signed) John D. Adams, M. D.

8/15, 1928. (Address) 1507 W. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Harrisburg Pa. DATE OF BURIAL. Aug. 17, 1928

20-UNDERTAKER. John C. Mitchell and Son ADDRESS 1918 Eutaw Pl

Spec.—2-29-28—L. F. S.—500 Bks.

E 36588

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113 ✓

E 36588

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irwin Montgomery

(a) RESIDENCE NO. 1703 Presbury ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Child

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13 1927

7 AGE Years 1 Months 6 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Hans Gorman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Martha Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Martha Montgomery

(Address) 1703 Presbury st

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1928, to Aug 14, 1928, that I last saw h[illegible] alive on Aug 14, 1928, and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Summer diarrhea + acidosis (duration) 6 wks. (?) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) John D. Gamer, M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn | Aug 16 1928 |
| 20 UNDERTAKER | ADDRESS |
| Virginia A. Brooks | 1463 N. Carey |

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36589

## CERTIFICATE OF DEATH.

90 E 36589

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Harford av ST. 6-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Saloma Snyder.

(a) RESIDENCE NO. 2327 Harford av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Snyder.

6 DATE OF BIRTH (month, day, and year): July 13 1853

7 AGE — Years: 75 — Months: 1 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Penn.

PARENTS

10 NAME OF FATHER: Saloma Snyder.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn.

12 MAIDEN NAME OF MOTHER: Matilda Snyder.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn.

14 Informant: Mrs. Emma Snyder.

(Address) 2327 Harford Ave

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1928, to Aug. 15, 1928, that I last saw him alive on Aug. 10, 1928, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John V. Szczucki, M. D.

, 19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Belmondon. Penn —

DATE OF BURIAL: 8/16 1928

20 UNDERTAKER: George J. Ruetz

ADDRESS: 1735 Harford Ave

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 36590

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36590

## CERTIFICATE OF DEATH.

188-10

14-20

1-PLACE OF DEATH

City of BALTIMORE: (No. 1734 Bolton St. Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Kahler

(a) RESIDENCE NO. 1734 Bolton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 27 dys. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Kahler

6 DATE OF BIRTH (month, day, and year): Aug 19 - 1850

7 AGE: Years 77 Months 11 Days 26 (27) IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country)

PARENTS

10 NAME OF FATHER: Thomas Herkness

11 BIRTHPLACE OF FATHER (city or town): Ireland (State or country)

12 MAIDEN NAME OF MOTHER: Sarah Dunn

13 BIRTHPLACE OF MOTHER (city or town): Ireland (State or country)

14 Informant: Mildred Kahler 1734 Bolton St. Dear

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) 6 ds.

CONTRIBUTORY (Secondary) Fracture Left Hip (Automobile accident)

(duration) yrs. 2 mos. 23 ds.

(Signed) J. Ga Linck M. D.

(Coroner)

Aug 15th 1928 (Address) 10th Dist Dixon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: Aug 17th 1928

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36591

100-001

## CERTIFICATE OF DEATH

E 36591

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE (No. 1508 Webster ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lawrence A. Frebruger

(a) RESIDENCE NO. 1508 Webster ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 28. 1904

7 AGE: Years 23 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert E. L. Frebruger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna McNamee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Frebruger (Mother)

(Address) 1508 Webster St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 14 1928

that I last saw h alive on Aug 14, 1928

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Continuous Epilepsy

(duration) — yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. L. Campbell M. D.

Aug 14, 1928 (Address) 1644 [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Aug 17 1928

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light St.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36592 — 129 / E 36592

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2419 Annah ST. 16-68 (WARD)

2-FULL NAME, Stanley Clifford Mielcke

(a) RESIDENCE No. 2419 Annah ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Aug 3/1921

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 7 | 0 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) Wheeling, (State or country) West Virginia

PARENTS

10 NAME OF FATHER Frederick Mielcke

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Howarth

13 BIRTHPLACE OF MOTHER (city or town) Kansas (State or country) Me

14 Informant Frederick Mielcke (Address) 2419 Annah ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14th 1928

17 I HEREBY CERTIFY, That I attended deceased from June ..., 19... to Aug 14, 19 28, that I last saw h... alive on Aug 14, 19 28, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Mucosal mouthcancer

Nephritis

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ... X ray.

(Signed) ... M. D.

..., 19... (Address) 735 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudane Park Cemetery — DATE OF BURIAL 8/16 1928

20 UNDERTAKER Geo. Weber, Son 2503 — ADDRESS Edmondson ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36593

## CERTIFICATE OF DEATH.

1928 E 36593

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1528 W. Fayette ST. (19-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Adeline Chapman

(a) RESIDENCE NO. 1528 W. Fayette ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or WIFE of: Late David F. Chapman

6 DATE OF BIRTH (month, day, and year): Sept 20 1839

7 AGE — Years: 88 | Months: 10 | Days: 26 | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Sarah Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mary Jane Childress 1528 W. Fayette

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1927, to Aug 15, 1928, that I last saw h— alive on Aug 14, 1928 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Senility / Age

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Heart

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. Hunt Adams, M. D.

, 19 (Address) 612 W 40 th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 8/18/28

20 UNDERTAKER: Jno. Weber & Son — ADDRESS: 2503 Edmondson Ave

Spec.—1-12-23—M&T—500 Blks.

E 36594

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 19 E 36594

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Hollins St. 11-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L Pennington

(a) RESIDENCE NO. 313 Hollins St WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie L Pennington

6 DATE OF BIRTH (month, day, and year) 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Chisholm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Henry Pennington

(Address) 313 Hollins St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from August 14 19 28 to August 14 19 28 that I last saw h alive on August 14 19 28 and that death occurred, on the date stated above at 6 45 m.

The CAUSE OF DEATH* was as follows:

Toxemia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Heart + Prostate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No '28

What test confirmed diagnosis? Clinical

(Signed) H. L. Lee, M. D.

(Address) 714 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Aug 16 19 28

20 UNDERTAKER Sam'l H Greenwood

ADDRESS 1800 Madison

Spec—12-23-21—E.B.R.S.—400 Bks.

E 36595

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36595

1-PLACE OF DEATH

City of BALTIMORE: (No.) 834 S. Eutaw St. (Ward) 21-31 101-00

Registered No.

2-FULL NAME.... Rachael Barney.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 834 S Eutaw St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-~~Single~~, ~~Married~~, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Isaac Barney

6-DATE OF BIRTH (month, day and year) 7-20-1853

7-AGE, 75 yrs. — mos. — ds.

If LESS than 1 day, ....hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Culpeper Co. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Viola Howard

(Address) 834 S Eutaw St

15- Filed ....., 19?

C. HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-14-28

17- I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Aug 14, 1928, that I last saw h[illegible] alive on Aug 14, 1928, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Central Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. A. Crooke, M. D.

, 19 (Address) 5614 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Auburn — DATE OF BURIAL, Aug 17, 1928

20-UNDERTAKER, A. D. Brault & Son — ADDRESS 1011 N. Gilmor

Spec.—1-10-~~21~~—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36596 E 36596

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital REGISTERED NO. 118

CITY OF BALTIMORE: (No.) Caroline & Preston Sts. WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M Connor

(a) RESIDENCE NO. 4431 Raspe ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert. P. Connor.

6 DATE OF BIRTH (month, day, and year) May. 17. 1887

7 AGE — Years: 41. Months: 2 Days: 28. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Emmitsburg Md.

PARENTS

10 NAME OF FATHER Charles. W. Holt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Emmitsburg Md

12 MAIDEN NAME OF MOTHER Emma M. Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Emmitsburg Md.

14 Informant Robert. P. Connor (Address) 4431. Raspe ave Roslyn.

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15-28

17 I HEREBY CERTIFY, That I attended deceased from 7-29-28, 19 , to 8-15-28, 19 , that I last saw h alive on 8-15-28, 19 , and that death occurred, on the date stated above, at 9P. m.

The CAUSE OF DEATH* was as follows:

Multiple uterine fibroids

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralytic Ileus 4 Hyp. Hypostatic Pneumonia yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8-7-28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) A B Hendrix, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery. DATE OF BURIAL Aug 15 1928

20 UNDERTAKER George. J. Ruth. ADDRESS 1735 Harford Ave

FORM is very important. See instructions on back of certificate.

Spec.—1-12-25—M&T—500 Bks.

E 36597 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 36597

1-PLACE OF DEATH West Balt. Gen. Hosp.

CITY OF BALTIMORE: (No.) Rayner's Dukeland ST., 28-16 WARD.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Franke

(a) RESIDENCE NO. 22 Prospect ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-14-28

7 AGE Years Months Days If LESS than 1 day hrs. or 18 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md (State or country)

PARENTS

10 NAME OF FATHER Stephen Franke

11 BIRTHPLACE OF FATHER (city or town) Balto - Md (State or country)

12 MAIDEN NAME OF MOTHER Christina Fetterman

13 BIRTHPLACE OF MOTHER (city or town) Balt. Md (State or country)

14 Informant Mrs. Stephen Franke (Address)

15 Filed , 19 RMK Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-15, 1928, to 8-15-, 1928 that I last saw h[illegible] alive on 8-15, 1928 and that death occurred, on the date stated above, at 1 P. 30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Twin (6½ mos)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Sign

(Signed) Paul Schreiber, M. D.

, 19 (Address) West Balto. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Lorraine DATE OF BURIAL 19

20 UNDERTAKER Geo W Settle ADDRESS

AUG 17 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36598

## CERTIFICATE OF DEATH.

18 E 36598

1-PLACE OF DEATH

City of BALTIMORE: (or) Bon Secour Hosp (Ward) REGISTERED NO.

2-FULL NAME Lorraine S. Schultz

(a) RESIDENCE NO. 3344 Piedmont Ave Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 29th 1921

7 AGE: Years 7 Months 1 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Washington
(State or country) D.C.

PARENTS

10 NAME OF FATHER Louis J. Schultz

11 BIRTHPLACE OF FATHER (city or town): Wash, D.C.
(State or country)

12 MAIDEN NAME OF MOTHER Edna M. Schaefer

13 BIRTHPLACE OF MOTHER (city or town): Wash D C
(State or country)

14 Informant Louis J. Schultz
(Address) 3344 Piedmont Ave

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15th 1928

17 I HEREBY CERTIFY That I took charge of the remains described above held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by Inquest
Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage
(duration) .....yrs. 3½ hrs.
CONTRIBUTORY (Secondary) Struck by auto
(duration) .....yrs. .....mos. .....ds.
(Signed) Thos. B. Horton M. D.
(Coroner)
Aug 16th 28 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill - Wash D C Date of Burial: Aug 17 1928

20 UNDERTAKER: Mrs Mrs. J.W. Teufel & Son ADDRESS: 831 N. Fayette

very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36599

## CERTIFICATE OF DEATH

117 E 36599

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen. Hosp. St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Katie Hoey

(a) RESIDENCE NO. 1002 S. Second St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 0 mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry M. Hoey

6 DATE OF BIRTH (month, day, and year) Oct. 23-1879

7 AGE: Years 48 Months 9 Days 22 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Andrew Lauer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Annie L. Miller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Hospital Records.

(Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 15, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from August 12, 1928, to August 15, 1928, that I last saw her alive on August 15, 1928, and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Acute pernicious Neurasthenia

(doration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) General arteriosclerosis

(doration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8/10/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cem. Date of Burial Aug. 17 1928

20 UNDERTAKER George W. Zinkler ADDRESS 1737 E. Eager St

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36600

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

REGISTERED NO. 36600

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. J. H. Hospital St. 7-9 Ward)

2-FULL NAME Dr. Amos R. Wilhide

(a) RESIDENCE NO. Essex Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): March 31-1928

7 AGE — Years: — Months: 4 Days: 15 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Balto. City Md

PARENTS

10 NAME OF FATHER Amos G. Wilhide

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Penna

12 MAIDEN NAME OF MOTHER Lillian M. Miller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto Md.

14 Informant Amos G. Wilhide

(Address) Essex Md

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

Signed G. C. Wades M. D.

(Coroner)

Aug 15 1928, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery Date of Burial: Aug 17 1928

20 UNDERTAKER: George W. Zirkler ADDRESS: 1737 E. Eager St.

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 36601

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

13E 36601

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument 15-21 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Stanson

(a) RESIDENCE NO. 1706 Friendsbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | W | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 15 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Samuel Hanson

11 BIRTHPLACE OF FATHER (city or town) Balto md
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Bayer

13 BIRTHPLACE OF MOTHER (city or town) Keyser
(State or country) West Virginia

14

Informant Mr Samuel Hanson
(Address) 1706 Friendsbury St

15

Filed .19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1928

17

I HEREBY CERTIFY, That I attended deceased from .19 .... to .19 ....

that I last saw h alive on .19 ....

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhea
Bilateral Bronchopn.
Fatty degeneration of liver.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Meyer Muller M. D.

.19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage md — DATE OF BURIAL aug 17 1928

20 UNDERTAKER John M Weber — ADDRESS 401 S Chester St

Spec.—1-10-21—M&T—1500 Bks.

E 36602

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36602

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 14 N. 24th St. (Ward) 12-51

2-FULL NAME George J. Grageer

(a) RESIDENCE No. 14 N. 24th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaretha C.

6 DATE OF BIRTH (month, day, and year): April 1858

7 AGE: Years 73 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: August Gmeser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ? Roade

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. G. W. Miller

(Address) 1706 E. Federal St.

15 Filed ..., 19... RAH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to Aug 14th 1928.

That I last saw him alive on Aug 14th 1928,

and that death occurred, on the date stated above, at 1.00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Leo. H. Lautenbach M.D.

8-15, 1928 (Address) 2215 W. Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendly Cem.

DATE OF BURIAL: Aug 17 1928

20 UNDERTAKER: George W. Zubler

ADDRESS: 1737 E. Eager St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36603

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

33

E 36603

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1511 N. Broadway (ST.) (8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isabelle J. Sappington

(a) RESIDENCE NO. 1511 N. Bway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm L. Sappington

6 DATE OF BIRTH (month, day, and year) Dec. 25/58

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 7 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER John T. Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant Howard Sappington

(Address) 1511 N. Bway

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Aug 14, 1928, that I last saw her alive on Aug 14 1928 and that death occurred, on the date stated above, at 5 25 P (a. m. or p. m.)

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pleuro pulmonary tuberculosis (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Private Dwelling

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual Clinical Tests

(Signed) C. L. Macdonald, M. D.

Aug 15, 1928 (Address) 1540 N. Broadway

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 8/17 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st

Spec.--2-29-28—L. F. S.—500 Bks.

E 36604

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36604

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 E. 30th/ ST., 4-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Weber

(a) RESIDENCE NO. 1632 E 30th/ ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leonard Weber

6 DATE OF BIRTH (month, day, and year): Nov. 19/49

7 AGE: Years 78 | Months 7 | Days 30 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John C. Boehrer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: J. Leonard Weber

(Address) 7105 Bristle ave

15 Filed, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): aug 14/28

17 I HEREBY CERTIFY, That I attended deceased from July 31, 19 28, to Aug 14, 19 28, that I last saw h alive on Aug 12, 19 28, and that death occurred, on the date stated above, at 9 10A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart.

Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L N Neal, M. D.

Aug 15, 19 28 (Address) 1520 E 33rd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emanuel Cem

DATE OF BURIAL: 8/17 1928

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans st

Cor—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36605

E 36605

## CERTIFICATE OF DEATH.

22

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. J H Hospital St., 1-10 Ward)

2-FULL NAME William Bloodsworth

(a) RESIDENCE NO. 225 N Collington Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) March 1-1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 8 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER George W. Bloodsworth

11 BIRTHPLACE OF FATHER (city or town) Vienna

(State or country) Somerset Co Md.

12 MAIDEN NAME OF MOTHER Louise Ilzming

13 BIRTHPLACE OF MOTHER (city or town) Princess Anne

(State or country) Md.

14 Informant George W. Bloodsworth

(Address) 225 N. Collington Ave

15 Filed_____, 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Inj. Int. Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

Aug 16 1928 (Signed) C. C. Slade M. D.

(Coroner)

(Address) 143 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Princess Anne Md — Date of Burial: Aug 18 1928

20 UNDERTAKER: Hughes & Ford Inc — ADDRESS: 1 N Broadway

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36606

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Ashland Ave ST., 7-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Clayton Edwards

(a) RESIDENCE No. 2633 Ashland Ave ST., ... WARD Richmond Va
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE Margaret Edwards

6 DATE OF BIRTH (month, day and year) June 16th 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 48 | 4 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer Weisskittel

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Isaac Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia Gadson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Information Furnished by Elizabeth O'Neill
(Address) 370 Colonial, Richmond Va

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16th 1928

17

I HEREBY CERTIFY, That I attended deceased from August 2nd, 1928, to Aug 16th, 1928, that I last saw him alive on Aug 16th, 1928, and that death occurred, on the date stated above, at 4-0 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ...

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Caleb V Atkey, M. D.

Aug 16, 1928 (Address) 100 S. Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond, Va — DATE OF BURIAL 8-17 1928

20 UNDERTAKER H. L. Dickens Sons — ADDRESS Va No Adr

Spec.-7-17-26—A Co.—200 Bks.

E 36607

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

66 E 36607

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Edw. Bramble

(a) RESIDENCE NO. 905 Low Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lora Bramble

6 DATE OF BIRTH (month, day, and year) Feb. 20-1877

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 51 | 5 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy Mfg.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm E. Bramble

11 BIRTHPLACE OF FATHER (City or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Caroline Davis

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Lora Bramble (Address) 905 Low St.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 13 19 28 to Aug 16 19 28

that I last saw him alive on Aug 16 19 28

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholic Gastritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Starvation - Circulatory Collapse (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes -

What test confirmed diagnosis?

(Signed) J. Nelson Carey M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Cem. Aug. 18 1928

20 UNDERTAKER — ADDRESS

Wm E. Black 927 N. Broadway

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36608

## CERTIFICATE OF DEATH.

129 E 36608

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2123 N Pulaski St. 15-59 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Rosenstein

(a) RESIDENCE NO. 2123 N. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 60 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Rosenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Lena Rosenstein

(Address) 2123 N Pulaski st

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Aug 1928, that I last saw h.m alive on Aug 16 1928, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & Path

(Signed) Isador J. Levy M. D.

Aug. 19 28 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd DATE OF BURIAL 8/17 1928

20 UNDERTAKER Sol Levinson & Bro. ADDRESS 1127 E Balto st

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36609
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

113 E 36609
REGISTERED NO.

City of BALTIMORE: (No. 520 W. Saratoga St. 11-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Harmon

(a) RESIDENCE NO. 520 W. Saratoga St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10-1917

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 9 8 | 6 | |

8 OCCUPATION OF DECEASED None
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Sidney Harmon
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md.
12 MAIDEN NAME OF MOTHER Dorothy Diggs.
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Sidney Harmon
(Address) 520 W. Saratoga St.

15 Filed 19
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Enteritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

8/16/ 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 8/17 1928

20 UNDERTAKER Daniel Carter ADDRESS 916 Pa ave

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36610

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

113 E 36610

CITY OF BALTIMORE: (No. 319 S Gopplelon ST.) (WARD) 21-24

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Joseph Murphy

(a) RESIDENCE NO. 319 S Gopplelon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 4th 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | — | 8. | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass.

12 MAIDEN NAME OF MOTHER Lucy Seifert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant M. W. Murphy

(Address) 319 S Gopplelon St.

15 Filed ..... 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 19 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/17/28, 19 .., to 8/19/28, 19 .,

that I last saw h— alive on 8-17-28, 19 .,

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) 4 days yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Typhoid stool

(Signed) Leonard Tenny M. D.

8/19, 19 28 (Address) 710 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem.

DATE OF BURIAL Aug 19 1928

20 UNDERTAKER John J Cowan & Son

ADDRESS 701 Hollins St.

Spec.–7-17-26—A Co.—200 Bks.

E 36611

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49 ✓ E 36611

REGISTERED NO.

1-PLACE OF DEATH Jenkins Memorial Hospital

City of BALTIMORE: (No. 1000 Caton Ave., St. 20-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Schaeffer

(a) RESIDENCE NO. 321 Collins Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clement J. Schaeffer.

6 DATE OF BIRTH (month, day, and year) Unknown 1864

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 64 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Peter

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Jenkins Memorial Hospital

(Address) 1000 Caton Ave. Balto Md.

15 Filed ....., 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1928, to Aug. 16, 1928, that I last saw her alive on Aug. 15, 1928, and that death occurred, on the date stated above, at 5:50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Pancreomatosis

Nephritis, Carcinoma of Brachial Cleft (left) (duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

..... (duration) ..... yrs. 5- mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo A Stewart, M. D.

Aug 16 1928 (Address) 904 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial Aug 16 1928

20 UNDERTAKER Geo. J. Edwards & Son

ADDRESS 901 Hollins St.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36612

## CERTIFICATE OF DEATH.

4q

E 36612

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Forrest - ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Joseph.

(a) RESIDENCE NO. 1011 Forrest ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white.

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth. Connor.

6 DATE OF BIRTH (month, day, and year): Unknown, 1878

7 AGE: Years: 50, Months: —, Days: —, If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Helper. 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Police Department,

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: James. Joseph.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs. Elizabeth Joseph.

(Address) 1011 Forrest St.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 1928

17 I HEREBY CERTIFY, That I attended deceased from April 20 1927 to Aug 15 1928

that I last saw h[illegible] alive on Aug 13 1928

and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Aug 15 1928 (Address) 914 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Joseph's Cem. Texas Md. DATE OF BURIAL: Aug 18 1928

20 UNDERTAKER: John J Cowan & Son. ADDRESS: 901 N Calvert

Spec.—1-12-23—M&T—500 Blks.

E 36613

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36613

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] ST. 16-66 WARD) REGISTERED NO. 90

CITY OF BALTIMORE: (No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William D. Harriman

(a) RESIDENCE NO. 2413 Aguash ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 71

7 AGE: 72 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed [illegible] 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-14 1928

17

I HEREBY CERTIFY, That I attended deceased from 6-10 1927 to 8-14 1928.

that I last saw him alive on 8-14 1928

and that death occurred, on the date stated above, at 6:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr + acute arthrosclerosis, genual + cerebral

(duration) 3 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Neurasthenia, Nt, asthenia — Sclerotic (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys + Lab exam

(Signed) W. H. Black, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER [redacted]

ADDRESS [redacted]

AUG 16 19

Spec.—1-12-23—M&T—500 Blks.

E 36614

# HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 36614

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 24-23 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audrey Tiller

(a) RESIDENCE NO. 725 Grindall Ct. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 15 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER David Tiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Keys

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant ..... (Address) .....

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9 1928

17 I HEREBY CERTIFY, That I attended deceased from August 3, 1928, to August 9, 1928, that I last saw her alive on August 9, 1928, and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Infantile athrepsia

Chronic osteomyelitis

Congenital lues

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) acute intestinal indigestion with diarrhea

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Wassermann. X-ray.

(Signed) J. F. Gilck, M. D.

, 19 (Address) Jly University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| | 19 |
| 20 UNDERTAKER | ADDRESS |
| [illegible] | AUG 16 192 |

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36615 — 159-003 — E 36615

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Booker (Negro)

(a) RESIDENCE NO. 603 Woodyear St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female (Negro)

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-26-28

7 AGE Years: 1 mo. Months: 1 mo. Days: 20 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dept. 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt. City.

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Dorothy Cooke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt.

Informant

(Address)

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1928, to Aug 16, 1928, that I last saw h[illegible] alive on Aug. 15, 1928 and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation.

Malnutrition

(duration) yrs. 7 mos. 24 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Appearance

(Signed) Chas. H. Davis, M. D.

19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: AUG 16 1928

20 UNDERTAKER

ADDRESS

Commissioner of Health

Spec.—2-29-28—L. F. S.—500 Blks.

E 36616

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 111-00 E 36616

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME HERBERT C PHELPS

(a) RESIDENCE NO. HARMON'S, HANOVER, MD WARD
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Amy PHELPS

DATE OF BIRTH (month, day, and year) Dec 10-1890

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 37 | 8 | 16 | |

OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Lurkens J Phelps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Augusta Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Friend

(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19 AUG 17 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928, to Aug 16, 1928, that I last saw him alive on Aug 16, 1928, and that death occurred, on the date stated above, at 2:20 p.m.

The CAUSE OF DEATH* was as follows:

Peritonitis, generalized

CONTRIBUTORY (Secondary) Perforated gastric ulcer (duration) yrs. mos. 1 ds.

(duration) yrs. mos. 6 m

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Aug. 14, 28

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Ferdinand C Leo M. D.

. 19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL FRIENDSHIP CEMETERY — DATE OF BURIAL AUG 18th 1928

20 UNDERTAKER A.A. COUNTY, MD. — ADDRESS F.B. WIPPERT-1850 W BALTIMORE ST

Spec.—142-33—M&T—500 Blks.

E 36617

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36617

## CERTIFICATE OF DEATH.

1928

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 MT OLIVET LANE ST., WARD 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WILLIAM T CHANCE

(a) RESIDENCE NO. 306 MT OLIVET LANE ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie E. Chance

6 DATE OF BIRTH (month, day and year) Oct 25th 1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 45 | 9 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipfitter

(b) General nature of industry, business, or establishment in which employed (or employer): Ship Yard

(c) Name of employer: Henry Bowers

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER: Wm T. Chance

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg Pa

12 MAIDEN NAME OF MOTHER: Sarah Hathaway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Smith County Md

14 Informant: Nellie E. Chance

(Address) 306 Mt Olivet Lane

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 7. 1928, to Aug 16 1928.

that I last saw him alive on Aug 16 1928

and that death occurred, on the date stated above, at 7 9 m

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 2908 Harlem Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cl. & Phy Exam

(Signed) Fredk T. Kyper, M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LOUDON PARK CEMETERY — DATE OF BURIAL: Aug 20th 1928

20 UNDERTAKER: F.B. WIPPERT — ADDRESS: 1850 W. BALTIMORE ST

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36618

## CERTIFICATE OF DEATH

44

E 36618

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1212 N. Central Ave ST., 10 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John F. Fladung

(a) RESIDENCE NO. 1212 N. Central Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret E. Fladung

6 DATE OF BIRTH (month, day, and year) March 8 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 55 | 5 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Street Railway

(b) General nature of industry, business, or establishment in which employed (or employer) Conductor -

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Philip F. Fladung

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Margaret E. Fladung

(Address) 1212 N. Central Ave.

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 15, 1928, that I last saw him alive on Aug 15 1928 and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion -

(duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Melancholia -

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Not known

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Thos Gray - M. D.

8/16. 1928 (Address) 611 W. Mount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Aug 18 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Steele & Son | 1501 E Eager St |

Spec.—1-12-23—M&T—500 Bks.

E 36619

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

118-002

E 36619

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1616 Westwood Ave St. 15-21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edmunds

(a) RESIDENCE NO. 1616 Westwood Ave St.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Edmunds

6 DATE OF BIRTH (month, day, and year) March 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 51 | 5 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Late Residence (Address) 1514 Bruce St

15 Filed ..... 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1928

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to Aug 14, 1928.

That I last saw him alive on Aug 14, 1928.

and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Gunshot Laceration of the Transmutated Intestine

1 (duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(duration) X yrs. X mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) O. T. Dyer M. D.

Aug 19 28 (Address) 928 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 8/17 1928

20 UNDERTAKER Timmis & Stevens ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

Emma Hanus.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36620

## CERTIFICATE OF DEATH.

124

E 36620

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) University Hosp (St.) H-30 (Ward)

2-FULL NAME Emma Hanus

(a) RESIDENCE NO. Oakwood (St.) Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? 35 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Fem

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jesse Hanus

6 DATE OF BIRTH (month, day, and year) June 14, 1877

7 AGE 57 Years 2 Months - Days 1 If LESS than 1 day, hrs. or min.

57

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wilhelm Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Alt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jesse Hanus. (Address) Patapsco Ave.

15 Filed , 19 Rec'd. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/15 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/12 1928 to 8/15 1928 that I last saw h alive on 8/15 1928 and that death occurred, on the date stated above, at 7:30 p. m.

The CAUSE OF DEATH* was as follows:

Emphysema of Gall Bladder

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/14 1928

Was there an autopsy? No

What test confirmed diagnosis? Gross & Microscopic

(Signed) L. Le Lumpkin M. D.

(Address) University Hosp.

8/15, 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. | DATE OF BURIAL Aug 18 1928

20 UNDERTAKER Frank A. Fink | ADDRESS 915 N. Gay St.

Spec.—1-12 23—M&T—500 Bks.

E 36621 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

## CERTIFICATE OF DEATH.

90 E 36621

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 76 37 REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora V. Conner

(a) RESIDENCE NO. 3427 E Pratt ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Wid |

5a If married, widowed, or divorced HUSBAND of or) WIFE of ~~Robt Jewell~~ Late Valentine Conner

6 DATE OF BIRTH (month, day, and year) Feb. 28 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | 5 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Washington, D. C.

10 NAME OF FATHER John J. Conpney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D. C.

12 MAIDEN NAME OF MOTHER Selina Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rhoda V. Snyder Daughter (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-2, 1928, to 8-15, 1928, that I last saw h[illegible] alive on 8-15, 1928, and that death occurred, on the date stated above, at 4:50 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic,
Cebebral Hemorrhage, right and left
with old Hemiplegia, right and left -

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. [illegible] Mack, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak Ridge Cemetery Altoona Pa. | Aug. 17 1928 |
| 20 UNDERTAKER Lilly & Zeiler Inc. | ADDRESS 1403 E. Monument St. |

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36622

## CERTIFICATE OF DEATH.

113

E 36622

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3205 Sutton St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley M. Lambdin

(a) RESIDENCE NO. 3205 Sutton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 3 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): April 2 1924

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Edward Lambdin

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Ruth Coombs

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Edward Lambdin

(Address) 3205 Sutton St.

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928, to Aug 15, 1928, that I last saw h[illegible] alive on Aug 15, 1928, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Colitis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) May 15 1928 Edward K. Campbell M. D.

(Address) 1644 Lamont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Oak Lawn Cemetery | Aug. 17 1928 |
| **20 UNDERTAKER** | **ADDRESS** |
| Lilly-Zeiler Inc. | 4033 W. Wash Ave. |

Cor.—12-9-25—A Co.—200 Bks.

E 36623

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 113 E 36623

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hosp. Ward

2-FULL NAME Alfred Williams

(a) RESIDENCE NO. Cowdenville St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. Here. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22, 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 9 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Co

PARENTS

10 NAME OF FATHER Joshua Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Co

12 MAIDEN NAME OF MOTHER Mildred Clay

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Co

14 Informant Joshua Williams

(Address) Cowdenville

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

thereon and from the evidence obtained by said Inquest

find that said deceased came to death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. H. Horton, M. D.

Aug 16 1928 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (Physicians are requested to state also duration of each.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In State.....yrs.....mos.....ds. Baltimore Md

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: Aug 18 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 327 N. Schroeder St

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36624

## CERTIFICATE OF DEATH

113 ✓

E 36624

1—PLACE OF DEATH

CITY OF BALTIMORE: CNo. Provident Hosp ST. 4-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robt. Lee Reynolds

(a) RESIDENCE NO. 212 Myrtle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 1 1917

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 10 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Clyde Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Matilda Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Clyde Reynolds

(Address) 813 Hanover St

Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 11 1928 to Aug 15 1928

that I last saw him alive on Aug 15 1928

and that death occurred, on the date stated above, at 10:05 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) (duration) yrs. — mos. 1 ds. 4 Summer Diarrhea

18 Where was disease contracted if not at place of death? (duration) yrs. mos. 7 ds. 212 Myrtle Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs only

(Signed) John W. Garner M. D.

19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Manchester Va | Aug 17 1928 |
| 20 UNDERTAKER | ADDRESS |
| J H Brown & Son | 108 W Mont St |

Spec.—2-29-28—L. F. S.—500 Bks.

21 E 6 21
21 E 36625

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113 ✓

1—PLACE OF DEATH

REGISTERED NO. E 36625

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 16-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophie Brown

(a) RESIDENCE NO. 613 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 10 27

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 8 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Herman Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Sophie Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Car —

Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1928, to Aug 15, 1928, that I last saw her alive on Aug 15, 1928 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhoea
entero colitis

2 wks.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) H. C. Jacobson, M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Arnold Station Md. | Aug 17 1928 |
| 20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 1745 Ashland Ave |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36626

## CERTIFICATE OF DEATH.

65-002

65 E 36626

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N Caste ave ST., 1-11 WARD)

2-FULL NAME Mary Wilbur Riley

(a) RESIDENCE No. 516 N Caste ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Naomi L Riley

6 DATE OF BIRTH (month, day, and year) Oct 15-1891

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 10 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deputy Sheriff

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm H. Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Annie Ermler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Naomi L Riley

(Address) 516 N Caste Ave

15 Filed Aug 17 19 28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 26, 19 28, to Aug 14, 19 28

that I last saw h[illegible] alive on Aug 14, 19 28

and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood-X-Ray-Etc.

(Signed) Louis F. Krumrein, M. D.

, 19 (Address) 722 N. Kenwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak [illegible] | Aug 17-28 |

20 UNDERTAKER Jos J Hunston Funeral Director ADDRESS

Spec. 2-29-28—L. F. S.—500 Blks.

E 36627

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36627

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 E. Chase ST. 8-17 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William E. Dieter

(a) RESIDENCE NO. 2329 E. Chase ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 7 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 31-1907.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 7 6. | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Dieter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna Haase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant John W. Dieter
(Address) 2329 E. Chase St.

15 Filed Aug 17 19 28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1928, to Aug 16, 1928, that I last saw h[illegible] alive on Aug 16, 19[illegible] and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) A. E. McCandlish M. D.

Aug 17, 1928 (Address) 3505 Bank St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evang. Cemetery — DATE OF BURIAL Aug 19 1928

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager St

Spec.—2-29-28—L. F. S.—500 Bks.

E 36628

# HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 36628

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4213 Arizona Ave WARD 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna B Steinbach

(a) RESIDENCE NO. 4213 Arizona Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of John L Steinbach

DATE OF BIRTH (month, day, and year) Dec 31/1883

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 7 | 16 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Henry Ruhlmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Eichman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant John L Steinbach

(Address) 4213 Arizona Ave

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16/28

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1928 to Aug 16, 1928

that I last saw h alive on 8-15-1928

and that death occurred, on the date stated above, at 2.20 a m

The CAUSE OF DEATH* was as follows:

Pancreohymatous Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted, if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Leo M. D.

8/16 1928 (Address) 413 S Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

Laudanum Habit

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cem | Aug 18 1928 |

20 UNDERTAKER William Cadore & Sons

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 36629

# HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 36629

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1951

CITY OF BALTIMORE; (No. 3625 Maple Ave ST., 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Audrey Baker

(a) RESIDENCE NO. 3625 Maple Ave ST., WARD.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 11-1928

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 3 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Gilbert L. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Nellie F. Talbott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

Informant Gilbert L. Baker

(Address) 3625 Maple Ave

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 16, 1928

that I last saw her alive on Aug 16, 1928

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Gastritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 3625 maple ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl. & Phy Exam

(Signed) Fredk T. Kyster, M. D.

, 19 (Address) 3321 Foldet Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Poplar Cemetery Balto Co — DATE OF BURIAL: Aug 18 1928

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

Spec.-7-17-26—A Co.—200 Blks.

E 36630

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46

E 36630

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hosp. St. 23-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Christina Conn

(a) RESIDENCE NO. 1730 E. Chase St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. 10 ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elmer Conn

6 DATE OF BIRTH (month, day, and year): Aug 6 1896

7 AGE: 32 Years; Months; 10 Days; IF LESS than 1 day ..hrs. or ..min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Kepler

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Christina Lutz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Md

14 Informant: Hospital Record

(Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 1928

17

I HEREBY CERTIFY, That I attended deceased from 7-12, 1928, to 8-16, 1928, that I last saw h.. alive on 8-16, 1928, and that death occurred, on the date stated above, at 11 00 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis of Coronary

Myocarditis - Chronic Parenchymatous

CONTRIBUTORY (Secondary) Pernicious Anemia (duration) 1 yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 7-6-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Adam Kern M. D.

8/16/28 (Address) 1 E. Fort

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

Date of Burial: 8/18 1928

20 UNDERTAKER: J. Fow[illegible] & Cully

ADDRESS: 13 E Fort

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36631

## CERTIFICATE OF DEATH.

75-001 E 36631

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 McElderry ST., 1-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wilson

(a) RESIDENCE NO. 2309 McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Wilson

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE Years 46 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Ella Smutty

(Address) 1881 Bradford St

15 Filed Aug 15, 1928 RLC Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1928

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 15, 1928, that I last saw h[illegible]live on Aug 15, 1928, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. 2 mos 26 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

Aug 15, 1928 (Address) 508 [illegible] St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Aug 18 1928

20 UNDERTAKER Robert F. Williams — ADDRESS 1515 McElderry St

Supt.—1-12-23—M&T—500 Blks.

E 36632

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36632

## CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 E. Eager St ST. 10-14 WARD)

2-FULL NAME Earnest O. Von Nordheim

(a) RESIDENCE NO. 713 E. Eager St ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine M. Kalk

6 DATE OF BIRTH (month, day, and year) Mar. 19, 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 78 | 4 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Printer

(b) General nature of industry, business, or establishment in which employed (or employer) 063

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John W. Von Nordheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Kunner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Ernestine M. Kalk 713 E. Eager St.

15 Filed ..... 19 ..... Registrar RFA

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 16, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Aug 16, 1928, that I last saw h[illegible] alive on Aug 16, 1928, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

Mitral Regurgitation

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Emily L. Killebrew, M. D.

Aug 19 1928 (Address) 1035 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Leadenhill Cemetery | Aug 20 1928 |
| 20 UNDERTAKER | ADDRESS |
| Elmer W. Conklin | 914 E. Eager St |

Spec.—2-29-28—L. F. S.—500 Bks.

E 36633

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36633

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1610

CITY OF BALTIMORE: (No. 2604 E. Fairmount Ave. WARD 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Toschia

(a) RESIDENCE NO. 2604 E. Fairmount ave. WARD 6
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth 50 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Antonette Toschia

DATE OF BIRTH (month, day, and year) Sept. 14 1860

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 11 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waterman at N

(b) General nature of industry, business, or establishment in which employed (or employer) Aluminum Ore

(c) Name of employer Eo. Solvay Station Md.

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER John Toschia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Mary Marangoni

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

Informant Antonette Toschia wife

(Address) 2604 E. Fairmount ave.

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug. 15 1928

17 I HEREBY CERTIFY, That I attended deceased from aug 14 1928 to aug 15 1928

that I last saw him alive on aug 15 1928

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3/4 day

CONTRIBUTORY (Secondary) arterio sclerosis + Hypertension

(duration) 1 yr. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis F. Hemmen, M. D.

. 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cem. | Aug 18 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly + Hiler inc | 4038 Wolfe St |

Spec.-7-17-26—A Co.—200 Bks.

E 36634

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47 E 36634

1-PLACE OF DEATH

City of BALTIMORE: (No. 2511 N. Charles. St. 12-56 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrie A. Smith

(a) RESIDENCE NO. 2511 N. Charles. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 16th 1857

7 AGE — Years: 70 Months: 11 Days: 0 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER J. Henry Smith

11 BIRTHPLACE OF FATHER (City or town) Penna. (State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Peltzer

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant J. Henry Smith (Address) 300 E. 63rd St.

15 Filed ..... 19 .....

1928 C. HAMPSON JONES, M.D.

Registrar RRA

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16 1928

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1928, to August 16, 1928, that I last saw h.. alive on August 14, 1928, and that death occurred, on the date stated above, at 7.15 a. m.

The CAUSE OF DEATH* was as follows:

Scirrhous Carcinoma - & operated Nov. Feb. - Carcinoma (recurrence of breast in 1921 -

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Irving Miller M. D.

(Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — Date of Burial: Aug 18 1928

20 UNDERTAKER: Margaret D. Flynn — ADDRESS: 1422 Light St.

Spec.–7-17-26—A Co.—200 Bks.

E 36635

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36635

## CERTIFICATE OF DEATH

REGISTERED NO. 113

1-PLACE OF DEATH

City of BALTIMORE: (No. 135 E. Randall St. 24-3rd Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Cochran

(a) RESIDENCE NO. 135 E. Randall St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 17. 1927

7 AGE Years: Months: 11 Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Albert A. Cochran

11 BIRTHPLACE OF FATHER (City or town) Balto., Md

(State or country)

12 MAIDEN NAME OF MOTHER Edith Cameron

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md

(State or country)

14 Informant (Father)

(Address)

15 Filed ..., 19 ...

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1928, to Aug 17, 1928, that I last saw him alive on Aug 17, 1928, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Diarrhea and enteritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted Home 135 E. Randall

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Albert A. Cochran, M. D.

19 (Address) 1412 Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

Date of Burial: Aug 20 1928

20 UNDERTAKER: Margaret E. Flynn

ADDRESS: Hackleton

7/1926 RPS

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 36636

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36636

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 E. Baltimore St. WARD) 10-64

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Martha Ceduzzi Taylor

(a) RESIDENCE NO. 2314 E. Baltimore St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of HUSBAND of Joshua D. Taylor

6 DATE OF BIRTH (month, day, and year) May 16 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 3 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER William Ceduzzi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Martha Reed.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Helen Ruby (Address) 2314 E Balto St

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug. 18, 1928, that I last saw h[illegible] alive on Aug. 15, 1928, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Pearson M. D.

Aug 17, 1928 (Address) 514 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Aug 18 1928

20 UNDERTAKER Lyther Lord Inc — ADDRESS 4-6 N Broadway

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36637

## CERTIFICATE OF DEATH.

185 E 36637

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Papa

(a) RESIDENCE NO. 213 S. High St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male (White)

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Tresa Papa

6 DATE OF BIRTH (month, day, and year): Sept. 20, 1864.

7 AGE: Years 63 Months 10 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Italy

PARENTS

10 NAME OF FATHER: Louis Papa

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Maria Grovanna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy.

14 Informant: Annie Carosella

(Address) 216 S. High St.

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 15, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Left Femur. (Corr)

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.

(Coroner)

8/17/1928 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent Cem. Date of Burial: Aug. 18 1928

20 UNDERTAKER: Martin W.C. Diefenbach ADDRESS: 318 Lem St

Very Important. See instructions on back of certificate.

Spec.—I-12-23—M&T—500 Bks.

E 36638

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36638

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 2332 McCulloh ST. (WARD) 13-57 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jos. H. Rochester

(a) RESIDENCE NO. 2332 McCulloh ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda J.

6 DATE OF BIRTH (month, day, and year) 1894

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 34 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James H. Rochester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ebbie Heath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Hilda Rochester 1413 Jefferson St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 1, 19 28, to Aug 15 19 28.

that I last saw him alive on Aug 15 19 28

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S B Hughes M. D.

Aug 15 28 (Address) 1413 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Antioch Cem DATE OF BURIAL 8/19/19 28

20 UNDERTAKER Moncure A. Brown ADDRESS 1631 Druid Hill Ave

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36639

## CERTIFICATE OF DEATH

× 129 E 36639

1-PLACE OF DEATH Maryland General Hosp. REGISTERED NO.

City of BALTIMORE: (No. Howard + Madison St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Bullett

(a) RESIDENCE NO. W Hilford, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 53 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) W Hilford

(State or country) Maryland

PARENTS

10 NAME OF FATHER Benjamin Jones

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Wright

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14

Informant Hosp Informant

(Address)

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928, to Aug 17, 1928, that I last saw h er alive on Aug 17, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

Cardiac Vascular Renal Disease

Auricular Fibrillation

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Aug 16-1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H H Kerfoot Schneider, M. D.

Aug 17, 1928 (Address) Md. Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Milford Md. Date of Burial 8-18 1928

20 UNDERTAKER at B Hark 115 E Mt St ADDRESS

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 36640

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36640

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME Catherine Mc Govern

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter McGovern

6 DATE OF BIRTH (month, day, and year): ?

7 AGE: Years: about 72 | Months: - | Days: - | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: John Keaney

11 BIRTHPLACE OF FATHER (city or town): ?

(State or country)

12 MAIDEN NAME OF MOTHER: Mary O Brine

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country)

14 Informant: Little Sisters of the Poor

(Address): Preston & Valley Sts

15 Filed Aug 17 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16th 1928

17 I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...,

that I last saw h[illegible] alive on ..., 19...,

and that death occurred, on the date stated above, at 2.15 p m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Aug 17, 1928 (Signed) T. A Warner, M. D.

(Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents - Date of Burial: Aug. 18 1928

20 UNDERTAKER: E & B Hark ADDRESS: 115 E Wash St

Cor.—12-9-25—A Co.—200 Bks.

E 36641

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36641

1-PLACE OF DEATH

City of BALTIMORE: (No.) Riverside Park Swimming Pool (Ward) 21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel M. Gowl.

(a) RESIDENCE NO. 757 Washington Blv'd. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female. | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 26, 1915

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 13 | 3 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Wade H. Gowl.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Florie Miller.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Florie Gowl. (mother)

(Address) ~~757~~ 121 E. Fort Ave.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the Heart while in swimming.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Leonard M. D.
(Coroner)

8/17 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park, Date of Burial 8/18/28

20 UNDERTAKER Harry A. Witzke ADDRESS 1531 W Lombard St

Spec.—1-10-21—M&T—1500 Blks.

E 36642 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36642

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) So. Balto. Gen. Hospital (ST.) E-8 (WARD)

REGISTERED NO. 74-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Rosenblatt.

(a) RESIDENCE NO. 283 N. Exeter St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND (or WIFE) of Fannie Rosenblatt

6 DATE OF BIRTH (month, day, and year) Apr 1, 1877

7 AGE Years 51 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Junk Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Rosenblatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 8-1928, 19 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17 1928

17

I HEREBY CERTIFY, That I attended deceased from 8/13, 19 28, to 8/17, 19 28,

that I last saw him alive on 8/17, 19 28,

and that death occurred, on the date stated above, at 9 50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. Helm Waesche, M. D.

8/17 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Rd

DATE OF BURIAL 8/19 1928

20 UNDERTAKER A. L. Harmon & Bro

ADDRESS 1127 Balto St

Spec.—2-29-28—L. F. S.—500 Blks.

E 36643

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

12 GE 36643

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Second Ave 25th St ST., 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pauline Tirschmann

(a) RESIDENCE NO. Second Ave 25th Street ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Otto Tirschmann

DATE OF BIRTH (month, day, and year) Dec-27-1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 73 | | 7 | 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Annie Kinstler Daughter

(Address) Same

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Aug 17, 1928;

that I last saw her alive on Aug 16, 1928

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tatlow, M. D.

8/18, 19 28 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Swartz Cemetery | Aug 20 1928 |
| 20 UNDERTAKER | ADDRESS |
| George A. Weber | 2205 Bank St. |

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36644 — 129 — E 36644

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 S. Linwood ave ST., (-) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Eagan

(a) RESIDENCE NO. (Usual place of abode) 7 S. Linwood ave ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Eagan

DATE OF BIRTH (month, day, and year): Apr. 1850

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 78 | 4 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Sanitary Serv

(c) Name of employer: Balto. Ind.

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Francis Eagan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Hagan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mary Eagan

(Address) 7 South Linwood ave.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1928, to Aug 16 1928

that I last saw h[illegible] alive on Aug 16, 1928

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Exhaustion (duration) 1 yrs. mos. 7 ds.

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Phy Ex

(Signed) G C Grady, M. D.

19 (Address) 430 Bonus

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | Aug. 20 1928 |
| 20 UNDERTAKER: John A Inman | ADDRESS: 3600 E Balto St. |

Spec.—1-12-23—M&T—500 Blks.

E 36645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36645

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 11 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gilmer

(a) RESIDENCE No. 22 W Chase St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs John Gilmer

6 DATE OF BIRTH (month, day, and year) 3/30/1879

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs or ...min. |
|---|---|---|---|---|
| | 49 | 5 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER William Gilmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Key

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington

14 Informant Mrs. John Gilmer (Address) 22 W Chase St

15 Filed ..... , 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928 to Aug 18, 1928,

that I last saw him alive on Aug 18, 1928

and that death occurred, on the date stated above, at 5 03 A m

The CAUSE OF DEATH* was as follows:

Hypertension

Angina pectoris

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac failure

(duration) yrs. mos. 2 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course.

(Signed) Palmer F. C. Williams, M. D.

8/18, 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount Cem | August 20 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry J Jenkins & Son Co | Oxford & McCulloh Sts |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36646 112 E 36646

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 S Kenwood Av ST., 13 WARD)

2-FULL NAME Teofil Kendzejeski

(a) RESIDENCE NO. 1014 S Kenwood Av ST., / WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr yrs. . mos. 1 ds. How long in U. S., if of foreign birth? 2yr yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 26 - 26

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 6 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Martin Kendzejeski

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Mary Hetmanowska

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Mary Kendzejewski
(Address) 1014 S Kenwood Av

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 - 1928

17 I HEREBY CERTIFY, That I attended deceased from August 13, 1928, to August 17, 1928, that I last saw h alive on August 17, 1928 and that death occurred, on the date stated above, at 11-20 a m.

The CAUSE OF DEATH* was as follows:

Entero-colitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Joseph L. Valentine M. D.
Aug 18, 1928 (Address) 14 So Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Stanislaus Cem | 8-19 1928 |
| 20 UNDERTAKER Stephen J Fialkowski | ADDRESS 1235 S Kenwood Av |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36647

## CERTIFICATE OF DEATH.

129 E 36647

1-PLACE OF DEATH

City of BALTIMORE: (No. 2 Balt City Hospital St. 23-33 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Wright

(a) RESIDENCE NO. 1028 Patapsco St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa S. Wright

6 DATE OF BIRTH (month, day, and year): Sept 1882

7 AGE: 45 Years 11 Months Days — IF LESS than 1 day.....hrs. or.....min.

46

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Wilmington Del

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Del.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Del.

14 Informant: Louisa S. Wright

(Address): 1028 Patapsco St.

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Industrial Nephritis

(duration) about 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Insanity

(duration) yrs. mos. 3 ds.

(Signed) James M Paulton M. D.

(Coroner)

8 17 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Balt City Hos

Where was disease contracted, if not at place of death?

1028 Patapsco St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Aug 18 1928

20 UNDERTAKER: J. U. Krause & Son ADDRESS: 703 Hanover St

AUG 18 1928

REGISTRAR

Spec.—1-12-23—M&T—500 Blks.

E 36648

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 36648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST 17-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmunds, William C

(a) RESIDENCE NO. 2804 St Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ Mrs. Mildred R. Edmunds

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 11 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Hardware Bus.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Page Edmunds

11 BIRTHPLACE OF FATHER (city or town) Cape May (State or country) N. J.

12 MAIDEN NAME OF MOTHER Susan E. Coward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Dr. Page Edmunds (Address) 12 Elmwood Rd

15 Filed Aug 2- 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-16 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Aug 16, 1928, that I last saw him alive on Aug 16, 1928, and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

myocardial insufficiency.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) Buckmaster, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Aug 18 1928

20 UNDERTAKER Wm Fletcher Sons ADDRESS North Ave

1928 HAMPSON JONES M D

Spec.—1-12-23—M&T—500 Bks.

E 36649 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36649

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] St. 16-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Bowers

(a) RESIDENCE NO. 3714 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | wid |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| 75 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Simon H Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Emma Steward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Records

15 Filed [illegible], 19 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17 1918

17 I HEREBY CERTIFY, That I attended deceased from 8-8, 1918, to 8-17, 1918, that I last saw h[illegible] alive on 8-17, 1918 and that death occurred, on the date stated above, at 4:18 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr & acute

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab

(Signed) A. McGlade, M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grace M. P. Church, Balto Co. DATE OF BURIAL Aug 20 1918

20 UNDERTAKER Wm C. Brooks & Son ADDRESS Sparks, Md

HARRISON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36650

## CERTIFICATE OF DEATH

44 E 36650

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S. Robinson ST., V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth M. Mulcahy

(a) RESIDENCE NO. 418 S. Robinson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Mulcahy.

DATE OF BIRTH (month, day, and year) Feb. 2d 1864

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 6 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Edward Mackelley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth McConnelle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant James J. Mulcahy.

(Address) 418 S. Robinson St.

Filed ..., 19 ...

THOMPSON JONES, M. D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17th 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug 17, 1928

that I last saw her alive on Aug 17, 1928

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of the Liver

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 1 yrs. mos. ds.

(duration) Confirmed yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tetlow, M. D.

(Address) 315 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL aug 20 1928

20 UNDERTAKER Lilly & Sons

ADDRESS 4033 S. Wolfe St

Spec.—1-10-21—M&T—1500 Blks.

E 36651

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36651

## CERTIFICATE OF DEATH.

90 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp (St.) 20-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rose Barranco.

(a) RESIDENCE NO. 4200 Euclid Ave (St.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of Dr Joseph Barranco

6 DATE OF BIRTH (month, day, and year) Aug 28, 1876

7 AGE: Years 51 52 | Months 7 | Days 19

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Liberto

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Hospital Records.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-10, 1928, to 8-17, 1928,

that I last saw h[illegible] alive on 8-17, 1928,

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Cerebral hemorrhage - ventricular

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Pulm. Edema. respiratory failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Conrad Zimmer, M. D.

, 19 (Address) St Josephs Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethlehem Cemetery

DATE OF BURIAL: Aug 20 1928

20 UNDERTAKER: Wm Knutson

ADDRESS 223 W North

Cor.—12-9-25—A Co.—200 Bks.

E 36652

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36652

## CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 319 N. Charles St., 27-56 Ward)

2-FULL NAME James H. F. Gunther

(a) RESIDENCE NO. 4705 Homer Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Gunther

6 DATE OF BIRTH (month, day, and year): Feb 11 78

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 50 | 6 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): Maker

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Gunther

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Catherine Gunther

(Address) 4705 Homer Ave

15 Filed _____ 19 _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto-Accident

Did not survive (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Fracture

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) W. Shaw M. D.

(Coroner)

, 19 (Address) 639 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Aug 17 1925

20 UNDERTAKER: H. M. Knutson — ADDRESS: 2238 N. Howard St.

Spec.—7-17-26—A Co.—200 Bks.

E 36653

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36653

38

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1508 E. Lombard St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Jenkins

(a) RESIDENCE NO. 1508 E. Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced BUSBAND of (or) ~~WIFE of~~: James Jenkins

6 DATE OF BIRTH (month, day, and year): Dec 25, 1886

7 AGE: Years 41 Months 8 Days 20 IF LESS than 1 day ..... hrs. or ..... min.: 15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer): House work

(c) Name of employer

9 BIRTHPLACE (city or town): Dorchester Co

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Levin Walton

11 BIRTHPLACE OF FATHER (City or town): Dorchester Co

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elsa Jenkins

13 BIRTHPLACE OF MOTHER (city or town): Dorchester Co, Md.

(State or country)

14 Informant: Isaac Lee

(Address): 1508 E. Lombard St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

AUG 18 1926

By

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 15, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to Aug 15, 1926, that I last saw h~~im~~ alive on Aug 14, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary): Acute Endocarditis

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic Analysis

(Signed) Richard Washington, M. D.

, 19 (Address) 1514 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Aug. 18 1926

Date of Burial

20 UNDERTAKER: Chas. H. Johnson

ADDRESS: 446 N. Caroline St.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36654 E 36654

## CERTIFICATE OF DEATH.

117

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Schweigart

(a) RESIDENCE NO. 174 W. Main ST., WARD Westminster, Md

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Schweigart

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jesse Schweigart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Myerly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Clarence Smith (Daughter)

(Address) Lewisdale, Md.

15 Filed ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-18 1928

17

I HEREBY CERTIFY, That I attended deceased from August 15. 1928. to August 18. 1928.

that I last saw him alive on August 18. 1928.

and that death occurred, on the date stated above, at 2:15 a. m.

The CAUSE OF DEATH* was as follows:

Peritonitis resulting from rupture appendix

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8-16-28

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph G. Laukaitis M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL August 19 1928

20 UNDERTAKER L. H. Weiner, Westminster

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36655

## CERTIFICATE OF DEATH

× 100-00

E 36655

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. (or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lee Thornhill

(a) RESIDENCE NO. Sparrows Pt. Md. ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Warneta Thornhill

DATE OF BIRTH (month, day, and year) Aug. 20 1887

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 11 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem

(c) Name of employer Steel Co.

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Not stated

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not stated

12 MAIDEN NAME OF MOTHER Jennie Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Ethel Reed

(Address) 1841 Penna Ave

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 19 28 to Aug 16, 19 28

that I last saw h[illegible] alive on Aug 15, 19 28

and that death occurred, on the date stated above, at 12:40 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Primary)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sparrows Pt. Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis H. James M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Drake's Branch, Va | Aug 18 19 28 |

20 UNDERTAKER Thos. M. Johnson

ADDRESS Ethel 1234 St.

AUG 1928 LOUIS H. JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36656 E 36656

## CERTIFICATE OF DEATH

100-001

1-PLACE OF DEATH Union Memorial Hosp.

CITY OF BALTIMORE: (No.) Calvert & 33rd (ST.) (5-21) (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Stitz

(a) RESIDENCE No. 1520 Fulton Ave ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 11 mos. 27 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 22, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day 22 hrs or 10 min |
|---|---|---|---|---|
| | | 11 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md
(State or country)

PARENTS

10 NAME OF FATHER Anton Stitz

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Kester

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Anton Stitz Father
(Address) 1520 Fulton Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928, to Aug 18, 1928, that I last saw her alive on Aug. 18, 1928 and that death occurred, on the date stated above, at 10:40 p.m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia (Acute)
Empyema (Rt.)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin C. C. Williams, M. D.

8-18, 1928 (Address) Union Memorial, Bmo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Pikesville Cemetery Aug 21 | 1928 |

20 UNDERTAKER A. B. Stephenson ADDRESS 1853 W. Baltimore

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36657

## CERTIFICATE OF DEATH.

89 E 36657

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 South Paca ST. 22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARTIN BUDRIS

(a) RESIDENCE No. 526 S. Paca ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Justena

6 DATE OF BIRTH (month, day, and year) No. 1865

7 AGE 63 Years — Months — Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Justina Budris

(Address) 526 S Paca St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1928, to Aug. 17, 1928, that I last saw h[illegible] alive on Aug. 17, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

angina Pectoris

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) S. Lee Magness M. D.

8/18, 1928 (Address) 1706 E. Pratt ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug. 20, 1928

20 UNDERTAKER: John Grebliauckas — ADDRESS: 925 S Paca St.

Spec.—2-29-28—L. F. S.—500 Bks.

See letter in file dated AUG 21 1928

16304

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36658

## CERTIFICATE OF DEATH

135 E 36658

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 14-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Viera

(a) RESIDENCE NO. 505 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 1868

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 60 | 2 | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Elijah Viera

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Frances Nunez

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8, 1928

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to Aug 8, 1928, that I last saw h alive on Aug 8, 1928 and that death occurred, on the date stated above, at 12 20 4 m.

The CAUSE OF DEATH* was as follows:

Uremic Coma, acute Septicemia

(duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy

(duration) 2 yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Viera, M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Charles Wharf Va | 8-19-28 |
| 20 UNDERTAKER David Eaton | ADDRESS 916 E Grace |

Spec.—1-10-21—M&T—1500 Blks. Klecklebaum Hecklebaum

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36659

## CERTIFICATE OF DEATH.

90E 36659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Decklebaum

(a) RESIDENCE NO. 821 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married. |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Sam Decklebaum

6 DATE OF BIRTH (month, day, and year) Decmber.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Sandor Weisblatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lash —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sam Decklebaum

(Address) 821 N. Bond St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1928

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to Aug. 17, 1928, that I last saw her alive on Aug 17, 1928, and that death occurred, on the date stated above, at 9:00 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure
Lobular Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatic Cardiac-Vascular Disease

(duration) 1 yr. mos. da.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) A. A. Silver M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hd. Carmel — DATE OF BURIAL 8-19-1928

20 UNDERTAKER Jack Lewis, 1439 E Balto — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 36660 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36660

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital 3-5 90

REGISTERED NO.

CITY OF BALTIMORE: (No. ... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Goodman

(a) RESIDENCE NO. 21 Lloyd St. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 20 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Goodman

6 DATE OF BIRTH (month, day, and year) Unknown.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rag Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wolfe Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Persis —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Goodman (Son)

(Address) 1301 Dill St.

15 Filed ... , 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Aug 18, 1928, that I last saw him alive on Aug 18, 1928, and that death occurred, on the date stated above, at 10:45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Meyer Muller, M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Mt Carmel — DATE OF BURIAL 8-19- 1928

20 UNDERTAKER Jack Lewis, ADDRESS 1439 E. Balto. St.

REGISTERED 1928 ... M

Spec—12-23-21—E.B.R.S.—400 Eks.

E 36661

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 36661

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1418 Harford ave St., 9-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John, J. Gray

(a) Residence No. 1418 Harford ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, C

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Gray

6-DATE OF BIRTH (month, day and year) Mar 22 1878

23.

7-AGE, 55 yrs. 4 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Messenger do

(b) General nature of industry, business, or establishment in which employed (or employer)..... Custom House

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Gray

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Adella Williams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md.

14- (Informant) Jamie Gray Wife

(Address) 1418 Harford ave.

15- Filed ..... 192 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 8-15-1928

17- I HEREBY CERTIFY, That I attended deceased from August 8, 1928 to Aug 15 1928.

that I last saw h[illegible] alive on Aug 14th 1928,

and that death occurred, on the date stated above, at 4.00 A. m.

The CAUSE OF DEATH* was as follows:

Paren chymatous nephritis

(Duration) Aug yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Burnell Fargo M. D.

, 19 (Address) 2937 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL, | DATE OF BURIAL, |
|---|---|
| Laural Cemetery | Aug 19 1928 |
| 20-UNDERTAKER, | ADDRESS |
| Jno R A [illegible] | 1725 Ashland |

Ad

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36662

## CERTIFICATE OF DEATH.

90

E 36662

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 252 S. Spring St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Johnson

(a) RESIDENCE NO. 252 S. Spring St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | C. | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Sarah Heyman

(Address) 252 S. Spring St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY Exhaustion

(duration) yrs. mos. ds.

Aug 8 1925 (Signed) H C Gladden M. D.

(Coroner)

, 19 (Address) 143 N. Stricker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Aug 9 1925 Date of Burial

20 UNDERTAKER Mrs. H. G. Elliott ADDRESS 1725 Madison

Cor.—12-9-25—A Co.—200 Bks.

E 36663

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1884 103 E. 36663

## CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE, (No. Dr. Chapple E Augusta St., 9-4 Ward)

2-FULL NAME Frank H Kircher

(a) RESIDENCE NO 1771 - Montpelier St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced (or) WIFE of: Agusta Kircher

6 DATE OF BIRTH (month, day, and year): Dec 26 87

7 AGE: Years 40 Months 7 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auto Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Antone Kircher

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER Genevie Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto

14 Informant Agusta Kircher

(Address) 1771 Montpelier St

15 Filed ____, 19____ ____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Acc.

Multiple Fractures & Concussion of Brain (Duration) ___ yrs. ___ mos. Instant ds.

CONTRIBUTORY (Secondary) Shock (Duration) ___ yrs. ___ mos. Instant ds.

Aug 18 28 (Signed) H C Blades M. D.

(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. 1 ds. In the State ___ yrs. ___ mos. 16 ds.

Where disease contracted, if not at place of death? Auto Acc Dr Chapple E Augusta St.

Former or usual residence None.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem Date of Burial 1928

20 UNDERTAKER: Martin W E Ruppert ADDRESS 31 S Gay

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36664

## CERTIFICATE OF DEATH

E 36664

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Auchentoroly Terrace ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abaham Straus

(a) RESIDENCE NO. 3500 Auchentoroly Terrace WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Sons |

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) April 4/1880

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 48 | 4 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto-Md

10 NAME OF FATHER Herman Straus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Rothschild

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Sol Straus

(Address) 3500 Auchentoroly Terrace

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18.28

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1927, to Aug 18, 1928, that I last saw h[illegible] alive on Aug 18, 1928, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Coronary sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Frederick Leitz, M. D.

Aug 29, 1928 (Address) Temple Gardens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cemetery — DATE OF BURIAL Aug 21/28

20 UNDERTAKER J Straus-Ed — ADDRESS 2432 Eastern Ave.

Spec. 6-9-19 H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36665

## CERTIFICATE OF DEATH.

E 36665

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3030 W. North Ave (St.) (Ward) 15-67

REGISTERED NO. 70 E 36665

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Nathan Wolfsheimer

(a) RESIDENCE. No. 3030 W. North Ave St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Wolfsheimer

6 DATE OF BIRTH (month, day, and year) April 27 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 3 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER Nathan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schoellkopf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

11 Informant (Address) Moses Wolfsheimer 710 Uplington ave

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31 . 1928 . to Aug 18 . 1928

That I last saw him alive on Aug 18 . 1928

and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory Dept. Pathol.

(Signed) Ernest H. Kahn, M. D.

(Address) 3005 W North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Shel Shalom Cemetery | Aug 20 1928 |
| 20 UNDERTAKER | ADDRESS |
| J. Ahern & Co | 2432 Reisterstown Rd. |

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

N 36666.

X 135

## CERTIFICATE OF DEATH

E 36666
1—PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

REGISTERED NO. E 36666

CITY OF BALTIMORE: (No. ..... ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rev James Fontaine

(a) RESIDENCE NO. Waterford Va ST., ..... WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | widowed |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 12/16/66

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 8 | 3 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work minister

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

BIRTHPLACE (city or town) Va
(State or country)

10 NAME OF FATHER C R Fontaine

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Long

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, to Aug 19, 1928, that I last saw him alive on Aug 19, 1928, and that death occurred, on the date stated above, at 2 23a m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy, Uremia

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Aug. 10, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Operation.

(Signed) H C Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Wytheville Va | Aug 19 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Wytheville Jones Bros | W. Main St |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36667

## CERTIFICATE OF DEATH.

✓ 36667 9 E 36667

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S. Calhoun ST., 16-28 WARD)

2-FULL NAME Gertrude Virginia Barnes

(a) RESIDENCE NO. 328 So. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: not married

6 DATE OF BIRTH (month, day, and year): Mar. 20. 1927.

7 AGE: Years 1 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Albert A Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Agnes Weinrich

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

14 Informant: Albert A Barnes

(Address): 328 S. Calhoun St.

15 Filed ____, 19__ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1928, to Aug 17, 1928, that I last saw h[illegible] alive on Aug 17, 1928, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia — 3 days

Enteracolitis 3 weeks

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Pertussis 5 weeks

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Hollis Kemmey M. D.

8/18, 1928 (Address) 700 Hollins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 8/20 1928

20 UNDERTAKER: John J Fulda

ADDRESS: 120 W Lombard.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36668

CERTIFICATE OF DEATH.

E 36668

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St., Ward)

2-FULL NAME Ramsey Beattiee

(a) RESIDENCE NO. Whitelord Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1918

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 10 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Simon Beattie

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs. Stella Clark

(Address) 2036 E. Federal St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 — 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zellers M. D.

(Coroner)

8/9, 1928 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delta, Pa Date of Burial Aug 21 1928

20 UNDERTAKER J. Lucas & Sons ADDRESS York, Pa

Spec.—1-12-23—M&T—500 Bks.

# E 36669

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36669

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 W. Pratt ST., 11-28 WARD)

2-FULL NAME Ida Boyer Reynolds

(a) RESIDENCE NO. 1508 W. Pratt St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Reynolds

6 DATE OF BIRTH (month, day, and year) May 12, 1863

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 65 | 3 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Sykesville

(State or country) Maryland

PARENTS

10 NAME OF FATHER William J. Boyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) United States

12 MAIDEN NAME OF MOTHER Mary Elder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. Mazie L. Thomas

(Address) 1508 W. Pratt St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 10, 19 28 to Aug. 16, 19 28

that I last saw her alive on Aug. 16, 19 28

and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ✓ yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robt. A. Thomas, M. D.

8/17 1928 (Address) 119 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cemetery

DATE OF BURIAL Aug. 20 19 28

20 UNDERTAKER Joseph B. Cook

ADDRESS 1503 West Baltimore St.

Spec.—1-12-23—M&T—500 Bks.

E 36670 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36670

CERTIFICATE OF DEATH.

REGISTERED NO. 25-72 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2454 Washington Blvd ST., WARD)

2-FULL NAME George W. Toomey

(a) RESIDENCE No. 2454 Washington Blvd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Toomey

6 DATE OF BIRTH (month, day, and year) Jan. 12, 1846

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 82 | 6 | 28 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miller (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Georgetown (State or country) Washington, D. C.

10 NAME OF FATHER Daniel T. Toomey

11 BIRTHPLACE OF FATHER (city or town) (State or country) United States

12 MAIDEN NAME OF MOTHER Mery A. Nelson

13 BIRTHPLACE OF MOTHER (city or town) Fairfax (State or country) Virginia

14 Informant Mrs. Mary E. Toomey (Address) 2454 Washington Boulevard

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 , 19 28 , to Aug 16 , 19 28 that I last saw him alive on August 16 , 19 28 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. J. Mickley M. D.

Aug 17 1928 (Address) 2320 Washington Boulevard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | Aug. 20 19 28 |
| 20 UNDERTAKER Joseph J. Cook | ADDRESS 1009 West Baltimore St. |

20 102c HARRISON JONES, M. D.

Spec. 1-10-21 M&T 1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36671

113 E 36671

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2939 Cedar av ST. 13-51 WARD)

2-FULL NAME Edith May Wessels

(a) RESIDENCE NO. 2939 Cedar ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bell

6 DATE OF BIRTH (month, day, and year): May 18 1928

7 AGE: Years + Months 3 Days + If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of Indnstry, business, or establishment in which employed (or employer): Boy

(c) Name of employer: none 2939 Cedar av

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Ernest Wessels

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Dorothy Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Ernest Wessels

(Address): 2934 Cedar

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 18 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1928 (9.00 A.M.) to Aug 18 (9.00 P.M.) 1928.

that I last saw her alive on Aug 18 1928

and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro enteritis and mild pneumonia

(duration) 2 yrs. X mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Clarence J. Cook M. D.

8/19 1928 (Address) 3214 Presidunt ay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Aug 20, 1928

20 UNDERTAKER: Chenowith Son

ADDRESS: 3615 Chestnut ave

spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16837 E 36672 — CERTIFICATE OF DEATH — 90 E 36672

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Mayo

(a) RESIDENCE NO. 515 N. Wolfe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 2/16/79

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 49 | 6. | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bakery work

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(r) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER John Mayo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 .... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Aug 16, 1928, that I last saw h.... alive on Aug 16, 1928 and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows: ~~Diagnosis is uncertain.~~

Either ① Chronic Rheumatic Endocarditis & mitral insuff.

or ② ~~Arteriosclerotic Hypertension Heart disease with resulting failure of myocardium.~~ Chronic fibrous myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Clarence Cole Johnston, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Aug 20 1928

20 UNDERTAKER John H. Trader — ADDRESS 1027 Druid Hill

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

BEAM ✓

E 36673

## CERTIFICATE OF DEATH

X 29 E 36673

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William C. Beam

(a) RESIDENCE NO. Beachville, Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W | S |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) April 30-1911

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | 3 | 19 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Beachville, Md. St. Marys Co. Md.

10 NAME OF FATHER Clarence H. Beam

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER Annie Clements

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Marys Co. Md.

Informant

(Address) JOHNS HOPKINS HOSPITAL

Filed , 19 Aug 1 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1928, 19 , to Aug. 19, 1928, 19 , that I last saw h.im alive on Aug 19, 1928, 19 and that death occurred, on the date stated above, at 10:25 P. m.

The CAUSE OF DEATH* was as follows:

Tetanus - respiratory paralysis.

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Beachville, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Bordley, M. D.

8-20, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Brooms Island (St Marys Co) | Aug. 20 1928 |
| 20 UNDERTAKER Horace F. Burgee | ADDRESS 363 Falls Road |

Spec.—1-12-23—M&T—500 Bks.

Bruno

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36674

E 36674

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 304 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Bruno

(a) RESIDENCE NO. 221 S. Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Bruno

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE: Years 53; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Clemens Fleckenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Lenz?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/19 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/16, 1928, to 8/19, 1928, that I last saw h alive on 8/19, 1928 and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Metastasis to Liver

(duration) mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. M. Speck, M. D.

8/19, 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Aug 21 1928

20 UNDERTAKER: Wm J Dickson & Sons

ADDRESS: Balto

Spec.—1-12-23—M&T—500 Bks.

E 36675

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90

E 36675

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6231 York Road ST. 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Baker Humphreys

(a) RESIDENCE NO. 6231 York Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie L Humphreys

6 DATE OF BIRTH (month, day, and year): Sept 16 1859

7 AGE: Years 68 Months 11 Days 1 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Water Dept

(c) Name of employer: Baltimore City Baltimore

9 BIRTHPLACE (city or town) (State or country): Me

PARENTS

10 NAME OF FATHER: Thomas W Humphreys

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Charlotte Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs H B Humphreys

(Address) 6231 York Road

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/17 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/30, 1928, to 8/17, 1928, that I last saw him alive on Aug 17, 1928, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

Extreme Hypostatic Pneumonia

Cardiac Dilatation - Extreme

Heart Block

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Fluroscopic.

(Signed) Geo H Hocking M. D.

8/18, 1928 (Address) 5835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 20 1928

20 UNDERTAKER: H. Kerner & Son

ADDRESS: Norman

Cor.—12-9-25—A Co.—200 Bks.

E 36676

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36676 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1809 Whitmore St. 5-60 Ward)

2-FULL NAME Geo W. Harvey

(a) RESIDENCE NO. 1809 Whitmore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta Harvey.

6 DATE OF BIRTH (month, day, and year): Feb 22 1862

7 AGE: Years 66 Months 5 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Army Officer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Montgomery Co

(State or country) Md

PARENTS

10 NAME OF FATHER: Wm H Harvey

11 BIRTHPLACE OF FATHER (city or town): Montgomery Co

(State or country) Md

12 MAIDEN NAME OF MOTHER: Sarah Bell

13 BIRTHPLACE OF MOTHER (city or town): Montgomery Co

(State or country) Md

14 Informant: Chas W Harvey

(Address) 1315 Edmondson Ave

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) E O Fleck M. D.

Aug 13 1928 (Coroner)

19 (Address) 1809 Whitmore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Natl Cem Va Date of Burial Aug 21 1928

20 UNDERTAKER: Louis Fleischer Sons ADDRESS Notch Pl

Spec.—2-29-28—L. F. S.—500 Bks.

E 36677

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36677

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Kate ave ST. 15-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Trager

(a) RESIDENCE NO. 2706 Kate Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced
HUSBAND of (or) WIFE of George Trager

DATE OF BIRTH (month, day, and year) June 10 [illegible]

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 5 | 18 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Isaac Menchey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catharine Keck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Gertrude Brown

(Address) 2706 Kate ave city

Filed ....., 19 .....

[illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18/28

17 I HEREBY CERTIFY, That I attended deceased from June 1/28, 1928, to Aug 18, 1928, that I last saw h-e alive on Aug 18, 1928, and that death occurred, on the date stated above, at 9-55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Bow)

(duration) yrs. 2 mos. 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? x

Did an operation precede death? none Date of x

Was there an autopsy? none

What test confirmed diagnosis? x

(Signed) E Miles Wheeler, M. D.

Aug 19 1928 (Address) 2129 47 St city

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Academy M E Cemetery Westminster | Aug 21 1928 |
| 20 UNDERTAKER | ADDRESS |
| G. F. Edwin Westminster Md | |

Spec.—1-10-21—M&T—1500 Bks.

Spann - See letter on file dated 7-6-28
by C. W. Pearl Smith

E 36678 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36678

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 12-31 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Spann

(a) RESIDENCE NO. 406 W. 28~~th~~ St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Morgan Spann

6 DATE OF BIRTH (month, day, and year): Dec 28, 1848 (1850)

7 AGE: Years 77 (79) Months 7 Days 19

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchwork, Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad 613

(c) Name of employer: P. R. R.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret Spann (Address): 406 W. 28th St

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-17-1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug. 17, 1928, that I last saw him alive on Aug 17, 1928, and that death occurred, on the date stated above, at 2 00 P m.

The CAUSE OF DEATH* was as follows: Hypertrophied Prostate

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-10-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Dan Cathedral — DATE OF BURIAL: 8 21 1928

20 UNDERTAKER: W. W. Cook — ADDRESS: 5[illegible] E. Mt. St.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36679

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

E 36679

CITY OF BALTIMORE: (No. Maryland Genl. Hospital St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Nomis Pitt

(a) RESIDENCE No. 1426 Linden Ave ST., WARD Toledo-Ohio.

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? 52 yrs. 10 mos. 20 ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William J Pitt

6 DATE OF BIRTH (month, day, and year) Sept-29-1875

7 AGE

| Years | Months | Days | If LESS than 1 day, .... hrs or .... min. |
|---|---|---|---|
| 52 | 10 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) St. Louis

(State or country) Mo.

PARENTS

10 NAME OF FATHER John W Nomis

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Billingslea

13 BIRTHPLACE OF MOTHER (city or town) Abingdon

(State or country) Harford Co. Md.

14 Informant Wm. J. Pitt - (Husband)

(Address) Toledo. Ohio.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18/28

17 I HEREBY CERTIFY, That I attended deceased from 8/17/28, 19..., to 8/18/28, 19...

that I last saw h alive on 8/18/28, 19...

and that death occurred, on the date stated above, at 2:20 a m

The CAUSE OF DEATH was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 1st ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Phila Pa ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Jay Atlee Lewis, M. D.

, 19 (Address) 1426 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abingdon Md. DATE OF BURIAL Aug-20-28.

20 UNDERTAKER Stewart & Monroe Co ADDRESS Bel Air Md

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36680

## CERTIFICATE OF DEATH.

162 E 36680

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2538 Fleet St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Zeller

(a) RESIDENCE NO. 2538 Fleet St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 19 28

7 AGE: Years 0 Months 0 Days 6 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Walter Zeller

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Cecelia Majszyk

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Walter Zeller

(Address) 2538 Fleet St

15 Filed ..... 19 ..... RLK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 19 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 19 19 28 to Aug 19 19 28

that I last saw h alive on Aug 19 19 28 and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

a Atelectasis

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William G Bauer M. D.

19 29 (Address) 401 S Chester St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

Date of Burial: 20 1928

20 UNDERTAKER: John M Welch

ADDRESS: 401 S Chester St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36681

## CERTIFICATE OF DEATH.

90 E 36681

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Hilton ST. 16-70 WARD)

2-FULL NAME Mary Elizabeth Wiechert

(a) RESIDENCE NO. 606 Hilton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced (or) WIFE of: William F. Wiechert

6 DATE OF BIRTH (month, day, and year): Mar. 5 1848

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 5 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Felix Fruber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Louise Coyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

PARENTS

14 Informant: Mrs Carrie M. Lee

(Address) 606 N. Hilton St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Aug 7, 1928, that I last saw her alive on Aug 7, 1928, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Purpura Hemorrhagica

8 Mos. (duration)

CONTRIBUTORY (Secondary) Mitral Regurgitation

about 5 yrs. mos. ds. (duration)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. R. Oswald, M. D.

8/7 19 28 (Address) 1817 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cem

DATE OF BURIAL: Aug 20 1928

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1400 W. North Ave

Spec.—1-10-21—M&T—1500 Blks.

E 36682

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

76 E 36682

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1225 Hanover St., 23-31 (WARD)

2-FULL NAME John W Lusby Jr

(a) RESIDENCE NO. 1225 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W | Married |

5a If married, widowed, or divorced (or) WIFE of Annie R Lusby

6 DATE OF BIRTH (month, day, and year) Sept 17 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 75 | 10 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER John W Lusby Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Annie R Charleton

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Calvert Co Md

14 Informant Mrs Annie R Lusby

(Address) 1225 Hanover St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1928

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to Aug. 16, 1928, that I last saw h— alive on Aug 16

and that death occurred, on the date stated above, at 2 55 P m.

The CAUSE OF DEATH* was as follows:

General Paresis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Supervening age,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C Klein, M. D.

, 19 (Address) 1215 Nanuary St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL Aug 20 19 28

20 UNDERTAKER John F. Denny — ADDRESS, 715 Light St

HARRISON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 36683

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113 E 36683

1-PLACE OF DEATH

City of BALTIMORE: (No. 1009 Whatcoat St. 11-22 Ward) REGISTERED NO.

2-FULL NAME Bernice A. Green

(a) RESIDENCE NO. 1009 Whatcoat St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No.

6 DATE OF BIRTH (month, day, and year): Mar 7-1928

7 AGE: Years | Months 5 | Days 11

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Mason Green

11 BIRTHPLACE OF FATHER (State or country) Baltimore Co Md

12 MAIDEN NAME OF MOTHER Flora Bondes

13 BIRTHPLACE OF MOTHER (city or town) Hartsburg

(State or country) N.C.

14 Informant Flora Green

(Address) 1009 Whatcoat

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis 4

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Aug 18 1928 F. C. Linch (Coroner) M. D.

(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial Aug 20 1928

20 UNDERTAKER Thomas E. Kelly ADDRESS 1303 Pennsylvania

Spec—12-23-21—E.B.R.S.—400 Pks.

E 36684 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36684

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1800 N. Regester St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Daley

(a) Residence No. 1800 N. Regester St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 16-1928

7-AGE, yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm. F. Wagner Jr

11-BIRTHPLACE OF FATHER (city or town) Balto (State or Country), Md

12-MAIDEN NAME OF MOTHER, Emma F. Daley

13-BIRTHPLACE OF MOTHER (city or town) Balto (State or Country), Md

14- (Informant) Wm. F. Wagner Jr

(Address) 1158 Longwood St

15- Filed ..... 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 19th 28

17- I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1928 to Aug. 19, 1928 that I last saw h.. alive on Aug. 19, 1928 and that death occurred, on the date stated above, at 1:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Mathew Remsowski M. D

8/20, 1928 (Address) 3579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon

DATE OF BURIAL. Aug 20th 1928

20-UNDERTAKER. H C Brannigan Son

ADDRESS 1136 Poplar Grove St

Spec.—1-12-23—M&T—500 Blks.

E 36685 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36685

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1522 E. Fairmont ave (WARD) 6-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pennie Bright.

(a) RESIDENCE NO. 1522 E. Fairmont ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of David Bright

6 DATE OF BIRTH (month, day, and year) May 28-1895

7 AGE: Years 33; Months 2; Days 19; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant David Bright (Husband) (Address) 1522 E. Fairmont

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-16- 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-3- 1928, to 8-16- 1928, that I last saw her alive on 8-15- 1928, and that death occurred, on the date stated above, at 10,30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Tuberculosis of the Lungs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. D. Gaugier M. D.

8-18-1928 (Address) 611-N. Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ostrey Cemetery

DATE OF BURIAL Aug 20 1928

UNDERTAKER Robert M. Nelson

ADDRESS 1515 Mc Elderry Ave

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36686
1—PLACE OF DEATH

## CERTIFICATE OF DEATH

51 E 36686
REGISTERED NO.

CITY OF BALTIMORE: (No. Smith Ave N. Dorchester Heights WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances R Neal

(a) RESIDENCE NO. Smith Ave Dorchester Heights WARD
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Neal

DATE OF BIRTH (month, day, and year) May 31 1886

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 11 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER C T Jenkins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anna Mitchell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

Informant James E Neal
(Address) Smith Ave Dorchester Heights

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17/28

17 I HEREBY CERTIFY, That I attended deceased from 8/16/28, 19... to 8/17/28, 19...,
that I last saw h.. alive on 8/17/28, 19...
and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Duration unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy
Duration unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Dr. N.

(Signed) James J. Kerr, M. D.

8/18, 19 28 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Forest Cemetery | Aug 20 1928 |
| 20 UNDERTAKER George J Smith | ADDRESS 1532 Hoffman |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36687 38 E 36687

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospls

CITY OF BALTIMORE: (No. 13 Balto Md St. 5-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Webster

(a) RESIDENCE NO. 347 Forrest St St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 13 ✓ (Years / Months / Days)

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Cook

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Balto City Hosp Balto Md

Aug 20/28

1 2126 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-15 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-13, 1926, to 8-15, 1928, that I last saw h[illegible] alive on 8-15, 1928, and that death occurred, on the date stated above, at 7.1. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

Psychosis w/ cerebro spinal Lues

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Serological

(Signed) Harry H. Bonnell M.D.

8/16/1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Aug 23-28

UNDERTAKER: Byron Vought 1213 Mc

ADDRESS

AUG 20 1928

UNIVERSITY OF MARYLAND

THE MEDICO-CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

HAMPSON JONES, M.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36688

## CERTIFICATE OF DEATH.

+ 172

E 36688

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2nd Gen Hosp 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Gray

(a) RESIDENCE NO. Ohio St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Murdered

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX male Color or Race White 4 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years 45 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ohio

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town)

(State or country)

14 Informant Hosp Record

(Address)

15 Filed..... 19 .....

Registrar

2720 THE MORGUE

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Suicide (duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER (Commissioner of Health.) ADDRESS

UNIVERSITY OF MARYLAND

AUG 20 192

Cor.—12-9-25—A Co.—200 Bks.

E 36689

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1002

118 E 36689

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 12-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Excell

(a) RESIDENCE NO. 820 L. Sharp St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1893

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 33 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Freetown

(State or country) Africa

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Africa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Africa

14 Informant Providt Hosp Record.

(Address)

15 Filed....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. ds.

(Signed) F. C. Linch M. D.

Coroner

Aug 15 (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER Commissioner of Health — ADDRESS

2787 THE MORGUE

UNIVERSITY OF MARYLAND

AUG 20

Spec.—1-10-21—M&T—1500 Bks.

Infant Sons.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36690

## CERTIFICATE OF DEATH.

E 36690

160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 N. Schroeder ST. (WARD) 18-A

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infl.

(a) RESIDENCE NO. 12 N. Schroeder ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. a few minutes How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 17 Aug. 28.

7 AGE: Years — Months — Days — If LESS than 1 day hrs. or min.: a few minutes

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inf.

(b) General nature of industry, business, or establishment in which employed (or employer): Inf. Ward

(c) Name of employer: Inf.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Delmas J. Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Amanda V. Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14

Informant: Delmas J. Gross

(Address): 1917 N. Schroeder St.

15

Filed ... 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 17 Aug. 1928

17

I HEREBY CERTIFY, That I attended deceased from on 17 Aug 1928, to ... 19..

that I last saw him alive on 17 Aug. 1928,

and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Maxfield Hayde, M. D.

(Address) 822 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

AUG 20 1928

AUG 20 1928 H. [illegible] M. D. DEPUTY REGISTER

PER WM. S. WOODALL

Cor.—12-9-25—A Co.—200 Bks.

E 36693

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1882 203 E 36691

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Annapolis Blvd. nr. Cedar Hill A. A. Co. Rd. pronounced dead at the City of BALTIMORE: (No. South Baltimore General Hospital Ward 15-6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cary Lee Schofield.

(a) RESIDENCE NO. 3724 Belle Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 2 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White. | Widow. |

5a If married, widowed, or divorced
(or) WIFE of Frank W. Schofield.

6 DATE OF BIRTH (month, day, and year) April 16, 1874

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 54 | 4 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Humphrey Lee.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Elizabeth Farthing.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Elizabeth Schofield. (daughter)
(Address) 3724 Belle Ave.

15 Filed ..... 19 ..... W. C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Automobile accident.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner)

8/20, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery Date of Burial Augs. 28

20 UNDERTAKER Chas. G. Black ADDRESS 1112 N. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36692

## CERTIFICATE OF DEATH.

11 4 E 36692

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 Park Ave St., 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malcolm Marcus Hemmings

(a) RESIDENCE NO 908 Park Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Hemmings

6 DATE OF BIRTH (month, day, and year): 1874

7 AGE: Years 44 Months ____ Days ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer _____

9 BIRTHPLACE (city or town): West Indies

(State or country) Aug 18

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country)

14 Informant: Marie Hemmings

(Address) 344 N. Carolina

15 Filed..... 19.. ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) H Leech (Coroner) _____ M. D.

(Address) North Bel Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial 8-20 1928

20 UNDERTAKER: Daniel Eastman — ADDRESS 916 Pa Ave

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36693

## CERTIFICATE OF DEATH

90 E 36693

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3300 Batavia St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B Schaefer

(a) RESIDENCE NO. 3300 Batavia St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Feb 5 1864

7 AGE: Years 64 Months 6 Days 13 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress Maker (Ret)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

069

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Joseph

11 BIRTHPLACE OF FATHER (City or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Josepha Reutter

13 BIRTHPLACE OF MOTHER (City or town):

(State or country): Germany

14 Informant: Margaret Bohn

(Address) 3346 Presbury

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 18 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug-15, 1928, to Aug-18, 1928, that I last saw h-r alive on Aug-18, 1928, and that death occurred, on the date stated above, at 1.45 m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris Cardio-Vascular (Ret)

(duration) 1½ yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Embolism — 1 Day

Bone (duration) yrs. mos.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Burr & Brasler M. D.

19 (Address) 125 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: R. Hoby Redeemer — Date of Burial: Aug 21 1928

20 UNDERTAKER: Martin W E Dippell — ADDRESS: 37 Saint

AUG 20 1928

Spec.—2-29-28—L. F. S.—500 Bks.

E 36945
E 36694

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74-002 E 36694

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-38 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laurence E Savage

(a) RESIDENCE NO. Martell Ave & West ave ST. Colgate Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | infant |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 4-25-28

| AGE | Years | Months 3 | Days 23 | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 4 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Calvin Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gwendolyn Wales

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Record

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Aug 18, 1928, that I last saw him alive on Aug 18, 1928 and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

Acute Thrombosis (Autopsy)

(duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Colgate Md.

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J C Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak Lawn Cemetery | Aug 26 1928 |
| 20 UNDERTAKER Mabel I Turner Inc | ADDRESS 1442 N Broadway |

Spec.—2-29-28—L. F. S.—500 Bks.

16730 E 36695

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159-003 E 36695

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Infant Spangler

(a) RESIDENCE NO. 201 S. Highland ST. Case — WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 24 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 2-21-28

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 3 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Charles Spangler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Margaret Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

Informant Friends —

(Address)

Filed ....., 19 .....

JOHNS HOPKINS HOSPITAL

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1928, to Aug 16, 1928, that I last saw h. alive on Aug 16, 1928, and that death occurred, on the date stated above, at 4 P.M. m.

The CAUSE OF DEATH* was as follows:

(Acute Gastro Intestinal Infection
Entero colitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home - 201 S Highland Ave

Did an operation precede death? Yes Date of Aug 15, 1928

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL Aug 21, 1928

20 UNDERTAKER Robt L. Turner Inc

ADDRESS 1432 N Broadway

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36696 (upper right) 36696

E 36696

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Crest

CITY OF BALTIMORE: (No.) 2 Hubbs Ave (ST.) 27-54 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Cordevin

(a) RESIDENCE. (No.) 2 Hubbs Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State) Pa

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Gerdevine

6 DATE OF BIRTH (month, day, and year): April 27 1853.

7 AGE — Years: 72 Months: 3 Days: 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: Leonard Breiner

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Laura V Hunter (Address) 2416 Eastern Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug 20, 1928, that I last saw h[illegible] alive on Aug 20, 1928, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D Bubert M. D

. 19 (Address) 4754 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa Rugan's

DATE OF BURIAL

20 UNDERTAKER: William Beck & Son

ADDRESS: E North

Spec.—1-12-23—M&T—500 Bks.

E 36697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36697

CERTIFICATE OF DEATH. 470

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (St.) 17-41 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Harvey B. Swift.

(a) RESIDENCE NO. Easton Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Minnie B. Swift.

6 DATE OF BIRTH (month, day, and year) Sept. 7. 1877

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50. | 11 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Poultry Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas.

PARENTS

10 NAME OF FATHER Mr. Francis Swift.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Jane Below

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mr. Henry Lockhardt Longwoods Md.

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4th, 1928, to Aug. 20th, 1928, that I last saw him alive on 8-20-28, 1928 and that death occurred, on the date stated above, at 8:10 A. m.

The CAUSE OF DEATH* was as follows:

Brain abscess

?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of Aug 12-1928

Was there an autopsy? Yes

What test confirmed diagnosis? Brain findings.

(Signed) James Arthur Wemberg, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Easton Md. | Aug 20 28 |

20 UNDERTAKER ADDRESS

John O Mitchell Sons 1900 Eutaw Place

Spec.—7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36698

## CERTIFICATE OF DEATH

11-001

E 36698

1-PLACE OF DEATH

City of BALTIMORE: (No. 1283 Fillmore St. 24-35 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August F. Bezzell

(a) RESIDENCE NO. 1283 Fillmore St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A. Bezzell

6 DATE OF BIRTH (month, day, and year) April 14 - 1866

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 62 | 4 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Station Attendant

(b) General nature of industry, business, or establishment in which employed (or employer) Gasoline Station

(c) Name of employer American Oil Co

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER — David Bezzell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) — Germany

12 MAIDEN NAME OF MOTHER Louise Bertha Bazer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Carl Bezzell

(Address) 1283 Fillmore St.

15 Filed ....., 19.. ..... Registrar

RPH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Aug 18, 1928, that I last saw h.. alive on Aug 18, 1928, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. J. Whelan M. D.

8/20, 1928 (Address) 1279 Fillmore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Loudon Park Cem. — Date of Burial Aug. 21, 1928

20 UNDERTAKER Margaret J. Flynn — ADDRESS 1411 Light St

Spec.—1-12-23—M&T—500 Bks.

E 36699

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36699

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4009 Maine Ave (St.) 15-64 (Ward) 164

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Fillmore

(a) RESIDENCE NO. 4009 Maine Ave (St.) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J. Fillmore

6 DATE OF BIRTH (month, day, and year) Sept 2 1835

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 92 | 11 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine Harburger (Address) 4009 Maine Ave Forest

15 Filed ..... 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18. 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Aug 18, 1928.

that I last saw h alive on Aug 18, 1928

and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

Senile Decay

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? cause

(Signed) Chas Emmett Lee, M. D.

(Address) 517 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Aug. 21. 1928 |
| 20 UNDERTAKER | ADDRESS |
| H. Mc. Mc. Johnston Sons | 821 W. Lafayette |

Spec.—1-12-23—M&T—500 Blks.

E 36700

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36700

## CERTIFICATE OF DEATH.

16-002

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE (No. 19-28 ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Henson

(a) RESIDENCE NO. 540 Addison ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Henson

6b DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: 32 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Richard Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Flora Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): BALTIMORE CITY HOSPITALS

Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-17-1928

17

I HEREBY CERTIFY, That I attended deceased from 8-15, 1928, to 8-17, 1928, that I last saw her alive on 8-17, 1928, and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, Intestinal

Probably Typhoid Fever

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Black, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Aug 21 '28

20 UNDERTAKER: A. Jones — ADDRESS: 411 S. Gilmor St

Stock—1-10-21—M&T 4500 Blks.

E 36701

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113 E 36701

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (No. Calhoun & Fayette St. 14-28 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Agar Carney.

(a) RESIDENCE NO. 302 S. Stricker ST. ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 15, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 5 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Charles Carney.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Beatrice Croghan

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore, Md

14
Informant Mother
(Address) .....

15
Filed ..... 19 .....
RRH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1928

17
I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928. to Aug 18. 1928.
that I last saw him alive on Aug 18. , 1928
and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute gastro-enteritis & diarrhea

Acute nephritis

..... (duration) ..... yrs. ..... mos 9 ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. B. Sherman, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Cem DATE OF BURIAL Aug 21st 1928

20 UNDERTAKER A. Jones ADDRESS 1115 Gilmor St

Spec.—1-10-21—M&T—1500 Bks.

E 36702

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 100 E 36702

1-PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No. Calhoun & Fayette ST. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Elizabeth Dorsey

(a) RESIDENCE NO. Old Frederick Rd & Winters Ave WARD

(Usual place of abode) Catonsville, Md

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12, 1924

7 AGE — Years: 3 — Months: 10 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville, Md.

PARENTS

10 NAME OF FATHER Hawley Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Woodstock, Md.

12 MAIDEN NAME OF MOTHER Eliz. Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Granite, Md.

14 Informant: Mother (Address)

15 Filed 19 Registrar

C. HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Aug 20, 1928, that I last saw her alive on Aug 20, 1928 and that death occurred, on the date stated above, at 8:05 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 3, ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cherry Hill DATE OF BURIAL: Aug 21, 1928

20 UNDERTAKER: Easton Sons & Clucas ADDRESS: City

Spec.—1-12-23—M&T—500 Bks.

36703

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36703

## CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 S Ellwood Ave ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward L Kaczorowski

(a) RESIDENCE NO. 1232 S Ellwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16 1928

| 7 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 3 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Kaczorowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER France Grabawska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant France Kaczorowski

(Address) 1232 S Ellwood Ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1923

17 I HEREBY CERTIFY, That I attended deceased from 8-18-28, 19..., to 8-18-28, 19...,

that I last saw h im alive on 8-18-28, 19...

and that death occurred, on the date stated above, at 945P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas M. D.

8-20-28 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary Aug | 21 1928 |
| 20 UNDERTAKER | ADDRESS |
| John M Weber | 401 S Chester St |

Spec.—1-10-21—M&T—1500 Bks.

E 36704

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36704

1-PLACE OF DEATH Bon Secours Hospital 49

CITY OF BALTIMORE: (No. ..... ST. 15 10 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ronald A. O'Hanley

(a) RESIDENCE No. 2803 Windsor ave. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sadie K. O'Hanley.

6 DATE OF BIRTH (month, day, and year) 7/30/78

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | - | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secy to Pres

(b) General nature of industry, business, or establishment in which employed (or employer) Seminary

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John O'Hanley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Clay Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. R. K. O'Hanley

(Address) 2803 Windsor ave

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1928

17 I HEREBY CERTIFY, That I attended deceased from June 25 1928, to Aug 18 1928, that I last saw him alive on Aug 17 1928, and that death occurred, on the date stated above, at 7.25 A m.

The CAUSE OF DEATH* was as follows:

Hypernephroma.

(duration) about 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of July 10th 28

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Thos. E. Stacy Jr. M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral.

DATE OF BURIAL 8 / 19 28

20 UNDERTAKER J. J. Foley & Son

ADDRESS 318 Light St

Spec.—1-12-23—M&T—500 Blks.

E 36705 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36705

CERTIFICATE OF DEATH.

REGISTERED NO. 31 5 59 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Larkins

(a) RESIDENCE No. 14 N. Spring st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widower |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 54 | 54 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Elijah Larkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Daphne Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records

(Address)

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to Aug. 18, 1928,

that I last saw him alive on Aug. 18, 1928,

and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

Acute pulmonary tuberculosis

(duration) ... yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clin. Lab. Path.

(Signed) Henry C. Smith, M. D.

8-18 1928 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL 8/21 1928

20 UNDERTAKER Byron Wright 128 N. Eden ADDRESS Edessy

ec.—2-29-28—L. F. S.—500 Bks.

Butler

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36706

## CERTIFICATE OF DEATH

38 E 36706

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1232 Edward ST. 5-8 WARD)

2—FULL NAME Irma Butler

(a) RESIDENCE NO. 1232 Edward ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | C | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Butler

DATE OF BIRTH (month, day, and year) 1893

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Maid

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Henry Mans

11 BIRTHPLACE OF FATHER (city or town) (State or country) a. a. co, Va.

12 MAIDEN NAME OF MOTHER Martha Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Geo. H. Butler

(Address) 1232 Edward St

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to Aug 17, 1928, that I last saw h[illegible] alive on Aug 16, 1928 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency and Aortitis

(duration) [illegible] yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) Cured

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. J. Gundry, M. D.

(Address) 1424 Monument

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 8-21 1928

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry

Cor.—12-9-25—A Co.—200 Bks.

E 36707

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36707

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital 42-50 St. 17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Dugan.

(a) RESIDENCE NO. 2742 Guilford Ave. St. Ward

(Usual place of abode) Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine A. Dugan

6 DATE OF BIRTH (month, day, and year) June 16th, 1874

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 54 | 2 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Ticket Examiner

(b) General nature of industry, business, or establishment in which employed (or employer) Penna. Rail Road.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Daniel Dugan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Conway

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Catherine A. Dugan

(Address) 2742 Guilford Ave.

15 Filed 19

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 19th. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

(Coroners)

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. Date of Burial 8/22/28. 19

20 UNDERTAKER Chas. F. Grace & Son ADDRESS 1118 Mont Royal Ave.

Spec.—1-12-23—M&T—500 Bks.

E36708

Frank Wheeler.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E36708

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 4-20 ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Wheeler

(a) RESIDENCE NO. 664 W Redwood St. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced HUSBAND) of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1846

AGE: Years 82 | Months | Days | If LESS than 1 day, ... hrs or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Thos. Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Mary Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

PARENTS

Informant: BALTIMORE CITY HOS... UNIVERSITY OF MARYLAND

(Address)

Filed ..... 19 ..... 2728 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/16 1928

17 I HEREBY CERTIFY, That I attended deceased from 10/10, 19 27, to 8/16, 19 28, that I last saw h— alive on 8/16, 19 28 and that death occurred, on the date stated above, at 3.55 p. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Chr. Myocarditis

Contributory Prostatic Hypertrophy

Duration—yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H M Steel, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: AUG 20 1928

20 UNDERTAKER: Commissioner Health

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 36709 HEALTH DEPARTMENT—CITY OF BALTIMORE 161-501 E 36709

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Inwood St. 6572-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Bine

(a) RESIDENCE NO. 4 Inwood St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Wh. 5 Single, Married, Widowed, or Divorced, (write the word) Premature

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/18/28

7 AGE Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER William Iverson

11 BIRTHPLACE OF FATHER (city or town) Greensboro (State or country) N Carolina

12 MAIDEN NAME OF MOTHER Bessie Bine

13 BIRTHPLACE OF MOTHER (city or town) Concord (State or country) N Carolina

14 Informant William Iverson (Address) 4 Inwood St

15 Filed ..... 19 ..... Registrar

2732

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/16, 1928, to 8/18, 1928, that I last saw her alive on 8/16, 1928, and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Premature

Umbilical Hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal Hard

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dan Francine M. D.

8/17 1928 (Address) 122 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL. DATE OF BURIAL 19

20 UNDERTAKER Department of Health. ADDRESS AUG 20 1928

Cor.—12-9-25—A Co.—200 Bks.

E 36710

# HEALTH DEPARTMENT—CITY OF BALTIMORE.

## CERTIFICATE OF DEATH.

E 36710

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 915 Leadenhall St. St. 23-31 Ward)

2-FULL NAME Leon James. C.

(a) RESIDENCE NO. 915 Leadenhall St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 5 ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 14, 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 0 | 7 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles James. C.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Washington, D. C.

12 MAIDEN NAME OF MOTHER Ethel Stewart. C.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Ethel James. C. (mother)

(Address) 915 Leadenhall St.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 19, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

unknown.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

(Coroner)

8/20 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. Date of Burial Aug 21 19 28

20 UNDERTAKER A L Brown & Son ADDRESS 1211 W. Monument St

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 3671[illegible]

## CERTIFICATE OF DEATH

31

E 36711

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N Glover ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hattie E Blazek

(a) RESIDENCE NO. 721 N Glover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) May 30 1908

AGE Years 20 Months 2 Days 19 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) —

10 NAME OF FATHER John Blazek

11 BIRTHPLACE OF FATHER (city or town) Austria
(State or country)

12 MAIDEN NAME OF MOTHER Marie Krumel

13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country)

Informant Mary Blazek

(Address) 721 N Glover St

Filed ....., 19 .....

[illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19/28

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Aug. 19, 1928, that I last saw her alive on Aug. 19, 1928, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis Krause, M. D.

, 19 (Address) 20 S. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 22 1928

20 UNDERTAKER Frank Brochon — ADDRESS [illegible]

[illegible] HAMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36712 — 161 — 36712

## CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. ST. 15-56 WARD)

2-FULL NAME Baby Girl Green

(a) RESIDENCE NO. 1719 N. Carey ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 16 1928

7 AGE — Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Edna Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant .....
(Address) .....

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 19 28, to Aug 17, 19 28, that I last saw her alive on Aug 17, 19 28 and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Premature infant
(24 weeks)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Theodore Woelk, M. D.

, 19 (Address) Univ. of Md. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Returned to Hospital

DATE OF BURIAL 8/21/28 19

20 UNDERTAKER .....

ADDRESS .....

1028 G HARRY JONES, M. D.

Spec.—4-9-19—H. P. Co.—1000 Blks.

36713

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 9 E 36713

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2530 W. Franklin St. 20-64 WARD)

2-FULL NAME Philip Keight Whitmore

(a) RESIDENCE. NO. 2530 W. Franklin ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs 2 mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced (write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 14 1927.

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 11 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Charles L. Whitmore Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Evelyn V. Satterwhite

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Evelyn V. Satterwhite
(Address) 2530 W Franklin

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Aug 21, 1928, that I last saw him alive on Aug 20, 1928, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough.

(duration) yrs 1½ mos ds

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs mos 2 ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Michel M. D.

(Address) 901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Aug 22 19..

20 UNDERTAKER: Josiah Syfer — ADDRESS: 1600 W. Fayette Ave

AUG 21 1928 HARRY JONES M. D.

Spec.—1-10-21—MAT—1500 lbs.

E 36714

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

41 E 36714

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 West 39th ST. 12-51 WARD)

2-FULL NAME Mason Locke Weems Williams

(a) RESIDENCE NO. 108 West 39th St.
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

ST., WARD
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6 DATE OF BIRTH (month, day, and year): March 23 1869

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 5 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steamfitter

(b) General nature of industry, business, or establishment in which employed (or employer): Steamfitter

(c) Name of employer: Private / Baltimore & Carolina Steamship Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Henry Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert County Md.

12 MAIDEN NAME OF MOTHER: Georgeanna Weems.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore City

14 Informant: Henry Williams
(Address) 108 West 39th St

15 Filed ..... 19 .....

..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 20 1928

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1928, to Aug. 20, 1928, that I last saw him alive on Aug 20, 1928, and that death occurred, on the date stated above, at 9.20 a. m.

The CAUSE OF DEATH* was as follows:

Septicaemia
(Streptococcus viridans)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory cultures.

(Signed) Charles Reid Edmonds M. D.

8/21, 1928 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: August 1928

20 UNDERTAKER: Henry H. Jenkins Sons Co.

ADDRESS: McCulloh & Eutaw Sts

Spec.—1-12-23—M&T—500 Blks.

Lounder.

E 36715

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

38 E 36715

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 1-10 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Lounder

(a) RESIDENCE NO. 1067 No Madera ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE Col

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Maria Lounde

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE 52 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S Car.

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Phillis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 18 1928

17 I HEREBY CERTIFY, That I attended deceased from X 21, 19 28, to 8 18, 19 28, that I last saw him alive on 8 18, 19 28, and that death occurred, on the date stated above, at 4 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Rt. Hemiplegia, left

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertrophy Cardiac Syphilis of Central nervous system

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys & Lab

(Signed) H. M. Slack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery Aug 21 DATE OF BURIAL 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 446 N. Caroline St.

Cor.—12-9-25—A Co.—200 Bks.

E 36716

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

16 E 36716

1-PLACE OF DEATH

City of BALTIMORE: (No. 948 Hartford St. 10-14 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Asbi

(a) RESIDENCE NO. 948 Hartford St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 Color or Race: 6

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE

| Years | Months | Days | IF LESS than 1 day ..... hrs. or 10 min. |
|---|---|---|---|
| — | 7 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER George Asbi.

11 BIRTHPLACE OF FATHER (city or town) [redacted]

(State or country) — Md.

12 MAIDEN NAME OF MOTHER Bessie McGee.

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) — Md.

14 Informant .....

(Address) .....

15 Filed ..... 19 .....

2730 Rich Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Prematurity

CONTRIBUTORY (Duration) ..... yrs. ..... mos. ..... ds.

(Secondary) Atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

20/28 G C Yates M. D.

19 (Address) 1436 N Bway (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER .....

ADDRESS .....

BUREAU OF VITAL STATISTICS Commissioner of Health AUG 20 1928

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36717
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 ✓ E 36717

REGISTERED NO.

CITY OF BALTIMORE: (No. 2015 W. North ave | 15-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia C. Whitley

(a) RESIDENCE NO. 2015 W. North ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Whitley

6 DATE OF BIRTH (month, day, and year) July 15-1852

7 AGE

| Years | Months | Days | If LESS than 1 day, ... hrs or ... min |
|---|---|---|---|
| 76 | 1 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country)

PARENTS

10 NAME OF FATHER Wm H. Teepe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ida C. Bolgiano

(Address) 2015 W. North ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 · 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1926, to Aug 19, 1926, that I last saw h[illegible] alive on Aug 19, 1926 and that death occurred, on the date stated above, at 6 PM

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? yes

(Signed) [illegible] M. D.

, 19 (Address) 1308 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. | DATE OF BURIAL Aug 20, 26

20 UNDERTAKER J. H. Krause & Son ADDRESS 303 Hanover

J. H. K

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36718

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

12 E 36718

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Joseph Hosp- St. 13-52 WARD)

2-FULL NAME Corbett M. Alban

(a) RESIDENCE NO. 3305 Paine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| m | w. | married |

5a If married, widowed, or divorced HUSBAND of Ethel P. Alban

6 DATE OF BIRTH (month, day, and year) Feb. 2 1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | 6. | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dairy Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Delivered milk

(c) Name of employer Fairfield Daires

9 BIRTHPLACE (city or town) Balto Co. (State or country) Md.

PARENTS

10 NAME OF FATHER William S. Alban.

11 BIRTHPLACE OF FATHER (city or town) Balto Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Ida C. M. Albaugh

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or country) Md.

14 Informant Hosp. Records (Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-11, 1928, to 8-20, 1928, that I last saw him alive on 8-20, 1928, and that death occurred, on the date stated above, at 8:40 A m.

The CAUSE OF DEATH* was as follows:

Biliary Cirhosis

Acute Anasarca

CONTRIBUTORY (Secondary) (duration) Dilatation of heart & failure yrs. 10 mos ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. C. Zimmerman, M. D.

8/20, 1928 (Address) St. Jos.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery | DATE OF BURIAL Aug 23 1928

20 UNDERTAKER Lanahan & Son | ADDRESS 367 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36719

## CERTIFICATE OF DEATH.

103
188 E 36719

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. W. Balto. Gen. Hosp. 70-6 Ward)

2-FULL NAME Viola Furlong

(a) RESIDENCE NO. 2633 W Franklin Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 5 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 15 1924

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 3 | 8 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Jos. Furlong

11 BIRTHPLACE OF FATHER (city or town) Norfolk

(State or country) Va.

12 MAIDEN NAME OF MOTHER Marie Bross

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Jos. Furlong

(Address) 2633 W. Franklin

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

Automobile (Franklin & Whitmore Ave.) Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

, 19 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hospital Date of Burial Aug 23 1928

20 UNDERTAKER ADDRESS

rec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36720

## CERTIFICATE OF DEATH

89 E 36720

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3118 Cedar Ave ST., 13-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William L Davis

(a) RESIDENCE NO. 3118 Cedar Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Ivy L. Davis

DATE OF BIRTH (month, day, and year) June 18, 1875

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 2 | 2 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) B & O

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER Wm L Davis

11 BIRTHPLACE OF FATHER (city or town) md (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Bond

13 BIRTHPLACE OF MOTHER (city or town) md (State or country)

Informant Ivy L Davis

(Address) 3118 Cedar Ave

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1928, to Aug 20, 1928, that I last saw him alive on Aug. 19, 1928 and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J H Mackin, M. D.

, 19 (Address) 4037 Falls Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage Md — DATE OF BURIAL Aug 23 1928

20 UNDERTAKER Chenowith Son — ADDRESS 3615 Chestnut

Spec.—1-12-23—M&T—500 Bks.

E 36721

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

91-002 E 36721

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3854 Culver St. (ST.) 20-1 (WARD)

2-FULL NAME Charles F. Ostermayer

(a) RESIDENCE No. 3854 Culver St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

a If married, widowed, or divorced (or) HUSBAND of WIFE of Emilie K. Ostermayer

DATE OF BIRTH (month, day, and year) Feb. 12, 1854

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 6 | 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Charles Ostermayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. William Ostermayer

(Address) 3854 Culver St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to Aug 18, 1928, that I last saw h alive on Aug 17, 1928, and that death occurred, on the date stated above, at 12:20 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

3 mos

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? - - -

What test confirmed diagnosis? -

(Signed) R Gustav Dill, M. D.

Aug 21 1928 (Address) 1509 Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 8/21/28

20 UNDERTAKER: Furey & Witzke 537 N. Lombard St. — ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 36722

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36722

REGISTERED No. 3-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Barry ST. Hampden WARD)

2-FULL NAME Margaret J. Pfeiffer

(a) RESIDENCE No. 722 Barry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Pfeiffer

6 DATE OF BIRTH (month, day, and year) July 5, 1853

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 1 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George E. Stiffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles A. Pfeiffer (Address) 2002 E. Lanvale St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21 1928

17

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1928, to Aug. 20, 1928, that I last saw h alive on Aug 20, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Dempsey

(duration) yrs. 7 mos 5 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. T. Culpepper M. D.

8/24 1928 (Address) 1720 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove, Balto. Co. DATE OF BURIAL Aug 23, 1928

20 UNDERTAKER E. Leroy Stiffler ADDRESS 125 E. North ave.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36723

## CERTIFICATE OF DEATH.

74-201
74 E 36723

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2037 Flat St. 2-4 Ward)

2-FULL NAME Henry Roman

(a) RESIDENCE NO. 2037 Fleet St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, ~~Married, Widowed,~~ or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14, 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 5 | 4. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lead Burner

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph Roman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dait Knau

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dont Know

14 Informant Henry Roman

(Address) 1202 Washington Blvd

15 Filed ..... 19 .....

Registrar

N. B.—WRITE ... tion ab... OF DEA... very impor...

AUG 21 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

Signed ..... M. D.

Aug 20 1928 (Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Aug 22 1928

20 UNDERTAKER Robt J. Lennon ADDRESS 1442 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 36724

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 36724

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. South Balto Gen. Hospital (ST.) (WARD)

2-FULL NAME Ella Collins

(a) RESIDENCE NO. 1024 E. Fort Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (write which): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Aug 29 1870

7 AGE — Years: 57 Months: 11 Days: 28 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 037

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thos. Dowling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Hospital Records

15 Filed . 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 19 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/16 1928, to 8/19 1928, that I last saw her alive on 8/19 1928, and that death occurred, on the date stated above, at 12 08 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Meningoencephalitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Clifford Macoole M. D.

8/19 1928 Address So. Balto Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Aug 22 1928

20 UNDERTAKER: E. Howard Evans ADDRESS: 38 E Fort Ave

Spec.—1-12-23—M&T—500 Blks.

Roelecke

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36725

## CERTIFICATE OF DEATH.

X 16 E 36725

1-PLACE OF DEATH Union Memorial Hosp.

REGISTERED NO.

CITY OF BALTIMORE: (No. Calvert 33rd ST. 12-41 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winfred Roelecke

(a) RESIDENCE NO. Catonsville ST. Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Aug 11, 1927

7 AGE

| Years | Months | Days | If LESS than 1 day hrs or min |
|---|---|---|---|
| 1 | | 8 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville, Md

PARENTS

10 NAME OF FATHER Wm. O. Roelecke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ruth C Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Winfred Roelecke (Address) Catonsville Md

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Aug 20, 1928, that I last saw h[illegible] alive on Aug 20, 1928, and that death occurred, on the date stated above, at 7:30p m

The CAUSE OF DEATH* was as follows:

Dysentery (B?)

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Dehydration, Sec. Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Palmer F.C. Williams M. D.

8/20 1928 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem. DATE OF BURIAL Aug 22 1928

20 UNDERTAKER H. Howard Evans ADDRESS 30 Fountain

Spec.—2-29-28—L. F. S.—500 Bks.

E 36726

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-001

E 36726

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hospital ST. (or) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isaiah Foreman

(a) RESIDENCE NO. 422 N. Biddle St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

DATE OF BIRTH (month, day, and year): Aug. ? 1893

AGE: Years 34 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Public Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): Do

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Margaret Foreman

(Address) 1018 N. Carey

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 19, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1928, to Aug. 19, 1928, that I last saw him alive on Aug. 19, 1928, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

CONTRIBUTORY (Secondary) Myocarditis (duration) 4 yrs. 7 mos. (?) ds.

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) John W. Gaines, M. D.

19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 8/22/1928

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS 162 W. Druid

Spec.—1-10-21—M&T—1500 Bks.

E 36727

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57 E 36727

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Inf. ST. 813 WARD)

2-FULL NAME Margaret Emma Sturgeon

(a) RESIDENCE NO. 1825 Hennemans Cove & WARD 8
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Sturgeon

6 DATE OF BIRTH (month, day, and year) July 2 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 1 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER James H. Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Margaret Todon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) James H. Sturgeon 1825 Hennemans ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug. 19, 1928, that I last saw h[illegible] alive on August 17, 1928, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) unknown. yrs. mos ds.

CONTRIBUTORY (Secondary) Carbuncle of neck

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 10, 1928

Was there an autopsy?

What test confirmed diagnosis? Urine analysis

(Signed) John Moore Jr. M. D.

Aug 19 1928 (Address) Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | Aug 22 1928 |
| 20 UNDERTAKER Henry Lutz | ADDRESS 120 N. Broadway |

Spec.—1-12-23—M&T—500 Blks.

E 36728

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36728

## CERTIFICATE OF DEATH.

31

BALTIMORE CITY HOSPITALS

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 4 WARD 20)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Johnson

(a) RESIDENCE NO. 1735 McCulloh ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): not given

6a If married, widowed, or divorced
HUSBAND of
or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1863

8 AGE: 65 Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Va.

11 NAME OF FATHER unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country) ,,

13 MAIDEN NAME OF MOTHER ,,

14 BIRTHPLACE OF MOTHER (city or town) (State or country) ,,

PARENTS

15 Friends
Informant
(Address)

BALTIMORE CITY HOSPITALS

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20 1928

17 I HEREBY CERTIFY, That I attended deceased from 3-19, 1928, to 8-20, 1928, that I last saw her alive on 8-20, 1928, and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab

(Signed) H. M. Slack, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 8-21-28

20 UNDERTAKER: Daniel Easton Co

ADDRESS 916

1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36729

## CERTIFICATE OF DEATH.

92 E 36729

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp. St. 18-26 Ward)

2-FULL NAME Henry W. Brent

(a) RESIDENCE NO. 1058 N. Fayette St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 60 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Ø

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: Henry W. Brent

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Levenia Eden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Mrs. E. B. Miller

(Address): 1126 - 11th N. W. Washington

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmon. Thrombosis

Sudden (duration) Short time yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation

(duration) yrs. mos. ds.

Aug 21 (Signed) W. Brent M. D.

(Coroner)

. 19 28 (Address) 1639 Bonaday

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ..... mos., ..... ds. State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial Aug 22 1928

20 UNDERTAKER: M. Haley & Sons ADDRESS 1827 North Ave

Spec—12-23-21—E.B.R.S.—400 Eks.

E 36730 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36730

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No. 129

City of BALTIMORE: (No. 428 S. Bond. St., 34 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wiktorya Fiaczkowska

(a) Residence No. 428 S. Bond St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Fiaczkowski

6-DATE OF BIRTH (month, day and year) 1863

7-AGE. 65 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homework. 37

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Thomas Potocki

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14- (Informant) Jacob Fiaczkowski (Address) 1618 Eastern Ave

15- Filed 192 Registrar.

## MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 19-1928

17- I HEREBY CERTIFY, That I attended deceased from 8/1, 1928 to 8/19, 1928

that I last saw h. alive on 7/18, 19

and that death occurred, on the date stated above, at 12.45 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Arteriosclerosis

Chronic Nephritis

(Duration) yrs. mos. 1st ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & appearances

(Signed) Jay D Smith M. D

8/20, 1928 (Address) 1623 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL. 8/22, 1928

20-UNDERTAKER Jacob Fiaczkowski ADDRESS 1618 Eastern

pec.—2-29-28—L. F. S.—500 Bks.

E 36731

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36731

## CERTIFICATE OF DEATH

31

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 812 S. Robinson ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Stierstorfer

(a) RESIDENCE NO. 812 S. Robinson ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Stierstorfer

DATE OF BIRTH (month, day, and year) Sept 2 1904

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23 | 11 | 18 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amanda Metellus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Herbert Stierstorfer

(Address) 812 S. Robinson St

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1928

17

I HEREBY CERTIFY, That I attended deceased from April, 1928, to Aug 20, 1928,

that I last saw her alive on Aug 20, 1928

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of Colon

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Horace B Tillow, M. D.

8/20, 1928 (Address) 315 S Augusta Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

DATE OF BURIAL aug. 24 1928

20 UNDERTAKER Lilly & Zeile Inc.

ADDRESS 4030 Woodland

pec.—2-29-28—L. F. S.—500 Bks.

E 36732

# HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 36732

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 719 S. Bouldin ST., 26-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabetta Berger.

(a) RESIDENCE NO. 719 S. Bouldin ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Berger.

DATE OF BIRTH (month, day, and year) Dec. 1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 8 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework.

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Kariot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Joseph Berger.

(Address) 719 S Bouldin St.

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19/28

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Aug 19, 1928, that I last saw her alive on Aug 19, 1928 and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Tilton M. D.

8/20, 1928 (Address) 315 So Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem.

DATE OF BURIAL Aug. 22nd 1928

20 UNDERTAKER Lilly + Zeiler Inc.

ADDRESS 400 S Wolfe St

pec.—2-29-28—L. F. S.—600 Bks.

E 36733

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36733

## CERTIFICATE OF DEATH

90

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4171 Nutter ave ST., Gardenville WARD)

2—FULL NAME George V. Zinser.

(a) RESIDENCE NO. 4171 Nutter Lane ST., Gardenville WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Zinser

DATE OF BIRTH (month, day, and year) Nov 25/1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 8 | 24 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Md

10 NAME OF FATHER George Zinser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mollie Hentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Caroline Zinser

(Address) 4171 Nutter Lane.

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19/28

17

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to Aug 19, 1928, that I last saw h.. alive on Aug 19, 1928 and that death occurred, on the date stated above, at 3 35 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Harding, M. D.

, 19 (Address) 4919 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Aug. 22nd 1928 |
| 20 UNDERTAKER | ADDRESS |
| Lilly & Zeiler Inc | 4038 E. Lombard |

Spec.—1-10-21—M&T—1500 Bks.

E 36734

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36734

## CERTIFICATE OF DEATH.

155

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO. .....

CITY OF BALTIMORE: (No. monument ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Sweder

(a) RESIDENCE NO. 614 S Rose St

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 10 1924

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 9 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Joseph Sweder

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Helen Kantorski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Michel Rachuba
(Address) 614 S Rose

15 Filed ..... ,19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 14 ,19 28 , to Aug 21 ,19 28 ,

that I last saw h alive on Aug 21 ,19 28 ,

and that death occurred, on the date stated above, at 5:35 A m.

The CAUSE OF DEATH* was as follows:

1. Acute Osteomyelitis Left fibula
2. Staphylococcus aureus sepsis
3. Septic pneumonia - bilateral

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Aug 14, 1928

Was there an autopsy? yes

What test confirmed diagnosis? Blood Cultures

(Signed) Fredrick S. Wolf. M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL Aug 23 28

20 UNDERTAKER Martin W. C. Diffel

ADDRESS 37 S Linwood

Spec.—1-12-23—M&T—500 Bks.

E 36735 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36735

CERTIFICATE OF DEATH. 113

REGISTERED NO. 16-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 949 W. Lexington ST. 16 WARD)

2-FULL NAME George Bamponcis

(a) RESIDENCE NO. 949. W. Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Child |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Dec 5 1927

| AGE Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| — | 9 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Alt. Bamponcis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece.

12 MAIDEN NAME OF MOTHER Anna Katsoyannis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece.

14 Informant 949. W. Lexington St (Address) G. Bamponcis

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20 1928

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1928, to August 20, 1928, that I last saw him alive on August 19, 1928, and that death occurred, on the date stated above, at 12.10 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal indigestion with diarrhea

Acute bronchitis

(duration) yrs. mos 25 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) G. K. Gulick M. D.

8/20, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wood Lawn Cemetery. DATE OF BURIAL Aug 21 1928

20 UNDERTAKER George J. Ruth. ADDRESS 1735 Harford

...ec.—2-29-28—L. F. S.—500 Bks.

E 36736

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

10-001 E 36736

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Satterlee

(a) RESIDENCE NO. 325 E Biddle St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) March 21, 1927

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 5 | 0 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER J. R. Satterlee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wise

12 MAIDEN NAME OF MOTHER Gale Blaine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

Informant J. R. Satterlee

(Address) 325 E. Biddle St.

Filed ....., 19 .....

THOMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Aug 21, 1928, that I last saw h.im alive on Aug 21, 1928, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated 8-6-28 Tracheotomy 8-19-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & por. K.L. Cultures

(Signed) Myron G. Tull, M. D.

8/21, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: South Whitley, Ind. DATE OF BURIAL: Aug. 21 1928

20 UNDERTAKER: Henry W. Mears and Son ADDRESS: 805 N. Calvert St.

Cor.—12-9-25—A Co.—200 Bks.

E 36737.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1S E 36737.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 14-20 Ward)

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet A. Freeman

(a) RESIDENCE NO. 437 Bloom St. St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 82 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Frisby Cox.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14

Informant William G. Freeman

(Address) 2320 Wyoming Ave. Wash. D. C.

15 Filed_____, 19_____

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 19, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull. Accident.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(duration) .....yrs. .....mos. .....ds.

(Signed) (Coroner) M. D.

8/21/ 28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 437 Bloom St. Balto. Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loyola Md Date of Burial 8/22 1928

20 UNDERTAKER Samuel Hemsley ADDRESS Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 36738

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36738

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (a) No. 907 N. Eutaw ST. (If not in a hospital, give WARD) 11-24

REGISTERED NO. X 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Lewis

(a) RESIDENCE NO. 907 N. Eutaw ST., WARD Newington W. Va

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Lewis.

6 DATE OF BIRTH (month, day, and year): March, 20 1878

7 AGE: Years 50; Months ✓; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Elias Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Julia Dillard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Charles Hubbard 907 N. Eutaw St. Baltimore Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Aug 20, 1928

that I last saw her alive on Aug 20, 1928

and that death occurred, on the date stated above, at 3 10 p m.

The CAUSE OF DEATH* was as follows:

Acute misdiagnosis

7 hours

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Petterson, M. D.

(Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 8 22 28

UNDERTAKER: Samuel Hemsley

ADDRESS: 1128 McCulloh

Spec.—1-12-23—M&T—500 Blks.

E 36739 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36739

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 N. Broadway ST., 713 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia D. Lynch

(a) RESIDENCE No. 902 N. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Edward Lynch

DATE OF BIRTH (month, day, and year) June 26 1851

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 7 6 | 27 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co Md

10 NAME OF FATHER John Appell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Veltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth D. Lynch (Address) 902 N. Broadway

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr 25, 1928, to Aug 21, 1928, that I last saw h[illegible] alive on Aug 17, 1928 and that death occurred, on the date stated above, at 4.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic hypertension - nephritis - uremia

[illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Boyle, M. D.

8/22 19[illegible] (Address) 1100 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn M E Cemetery

DATE OF BURIAL Aug 23rd 1928

20 UNDERTAKER George Debelius & Sons

ADDRESS 1100 Eutaw Place

Cor.—12-9-25—A Co.—200 Bkn.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36740 | CERTIFICATE OF DEATH. | 199 E 36740

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen. Hosp. St., 11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Suey

(a) RESIDENCE NO. 248 W Biddle St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years 44 Months Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): China

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town)

(State or country): Unknown

14 Informant: Lee Suey

(Address): 209 W Baltimore

15 Filed 19

Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 19th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull and Lacerated Brain (Homicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. L. Lynch M. D.

Aug 21st 1928 (Address) 18 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Ann Date of Burial Aug 22 1928

20 UNDERTAKER: John A Mutcheson Son

ADDRESS: 1410 Eutaw Place

ec.—2-20-28—L. P. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36741

## CERTIFICATE OF DEATH

74 001 E 36741

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 3733 Morley ST., (WARD)

2—FULL NAME Annie K Gossmann

(a) RESIDENCE NO. 3733 Morley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 57 yrs. 11 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Gossmann

DATE OF BIRTH (month, day, and year) Sept 17th 1870

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 11 | 3 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Geo. Schmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER C. Berg

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant John H. Kenyon

(Address) 3733 Morley Ave

Filed ..., 19 ...

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20th 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 19, 1928, to Aug 20, 1928.

that I last saw her alive on Aug 20, 1928

and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation 8 Yrs.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? 3733 Morley Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) Fredk T. Kyper, M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | Aug 22nd 19 28 |

20 UNDERTAKER ADDRESS

H.O. Hartsuff 155 N Paca St

ec.—1-12-23—M&T—500 Bks.

E 36742

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36742

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1208 E Northwe ST., 9-16 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine E Knight

(a) RESIDENCE NO. 1208 E. Northwe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6 If married, widowed, or divorced (HUSBAND) of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 17th 1879

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 2 | 4 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Co (State or country) Md

10 NAME OF FATHER Wesley Knight

11 BIRTHPLACE OF FATHER (city or town) Hampton Co (State or country) Pa

12 MAIDEN NAME OF MOTHER Harriet Ford

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md

Informant Mrs Joseph Knight (Address) 1 N Patterson Park Ave

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 3 1928 to Aug 21 1928 that I last saw her alive on Aug 21 1928 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation
Arterio Sclerosis &
Hypertension

(duration) 5 yrs. mos ds

CONTRIBUTORY (Secondary) Senility - Chr. Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Physical

(Signed) Lawrence B. Sheldon, M. D.

19 (Address) 412 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery from Presbyterian

DATE OF BURIAL Aug 23 1928

20 UNDERTAKER George Schilling & Sons

ADDRESS 1120 E Monument St

Dec.—2-29-28—I. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36743

## CERTIFICATE OF DEATH

129 ✓ E 36743

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 636 Josephine ST. 4-25 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Wilkins

(a) RESIDENCE NO. 636 Josephine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | col | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| Apparent | 55 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) N. C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Ethel Price

(Address) 636 Josephine St.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/20/28

17

I HEREBY CERTIFY, That I attended deceased from 8/18, 19 28, to 8/20, 19 28, that I last saw h[illegible] alive on 8/20, 19 28, and that death occurred, on the date stated above, at 3:40 p m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Chronic Nephritis

Uremia

CONTRIBUTORY (Secondary) (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? (duration) yrs. mos. ds.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. L. Harman M. D.

8/21, 1928 (Address) 600 Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemty — DATE OF BURIAL Aug 22 1928

20 UNDERTAKER Lenar & Wroten — ADDRESS 698 pierce St

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36744

E 36744

## CERTIFICATE OF DEATH.

REGISTERED NO. 2589.

1-PLACE OF DEATH

City of BALTIMORE: (No. 101 N. Poppleton St., 16-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles N. Bankard.

(a) RESIDENCE NO. 101 N. Poppleton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 22 1870

7 AGE — Years: 57 — Months: 7 — Days: 29. — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hatter

(b) General nature of indnstry, business, or estabishment in which employed (or employer):

(c) Name of employer — Hobson Francis Co.

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Bankard.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Brown.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown.

14 Informant Chas. N. Bankard.

(Address) 2119 N. Paca st

15 Filed....., 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21st 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1927, to April, 1928.

that I last saw him alive on August 21st, 1928,

and that death occurred, on the date stated above, at 12.10 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Failure.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 5 yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death? 1304 N. Fremont St.

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Microscopic Exam

(Signed) Thos. Hyatt Kopp, M. D.

, 1928 (Address) 6 E. Exeter St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Cem. Aug 24 1928

20 UNDERTAKER — ADDRESS

Chas. G. Blacke 742 W. Monroe

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36745

## CERTIFICATE OF DEATH.

118 E 36745

1-PLACE OF DEATH

CITY OF BALTIMORE, No. South Balto. Gen Hospital (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Bissell

(a) RESIDENCE No. 854 West 33rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/6/1858

7 AGE: Years 69; Months 11; Days 14

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER William Amoss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann E Clapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Record

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/20 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/16, 1928, to 8/20, 1928, that I last saw her alive on 8/20, 1928, and that death occurred, on the date stated above, at 8 52 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 4hrs.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Tyson Waesche M. D.

8/20 1928 Address S. Balto. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 8/22 1928

20 UNDERTAKER: W. Cook

ADDRESS: 527 E Madison

pec.—1-12-23—M&T—500 Bks.

Francisco. 1349 Sr. Chas. Av.

E 36746

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36746

## CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Riverside Ave ST. 24-33 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Harley

(a) RESIDENCE NO. 1232 Riverside Ave ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | White | Married |

If married, widowed, or divorced HUSBAND of or) WIFE of John F. Harley

DATE OF BIRTH (month, day, and year) June 14, 1861

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 2 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John Lorch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Leiglmeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John F. Harley (Address) 1232 Riverside Ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21—1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Aug 21, 1928, that I last saw h— alive on Aug 20, 1928, and that death occurred, on the date stated above, at 3:35 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis

CONTRIBUTORY (Secondary) Varicose Ulcer (duration) — yrs. — mos. 10 ds.

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) A. Vanderbilt, M. D.

, 19 (Address) 324 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Brooklyn | DATE OF BURIAL Aug. 24 1928

20 UNDERTAKER A. McCurdy | ADDRESS 502 E. Fayette

ec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36747 — 43 — E 36747

## CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) Oblate Sisters ST. Residence WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Bright.

(a) RESIDENCE NO. Oblate & Brentwood WARD Canada.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. 4 mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | C. | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) December 1900

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Canada

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

Informant Oblate Sisters

(Address) Oblate & Brentwood

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1928

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to Aug 20, 1928

that I last saw her alive on Aug 18, 1928

and that death occurred, on the date stated above, at 10.25 p m.

The CAUSE OF DEATH* was as follows:

Encephalitis.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Signs & Symptoms

(Signed) Mary F. Voegtlin M. D.

6.21.28 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral | Aug 22 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm. R. G. Elliott | 1725 Ashland Ave |

Spec.—1-12-23—M&T—500 Blks.

E 36748

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 36748

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115 N. Milton ST. 8-17 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mas.

(a) RESIDENCE NO. 1115 N Milton. ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of S. Mas.

6 DATE OF BIRTH (month, day, and year) August 1 1887

| AGE | Years | Months | Days | If LESS than 1 day, .... hrs or .... min |
|---|---|---|---|---|
| 41 | | 0 | 20 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

8 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Mc Cree.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine Baland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant John Mc Cree.
(Address) 1115 N. Milton ave

15 Filed ....., 19 Reyk Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1928, to Aug 20, 1928, that I last saw h[illegible] alive on Aug 19, 1928 and that death occurred, on the date stated above, at 3.15 A m

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jacob Fisher, M. D.

8/VI 1928 (Address) 1823 N. Mad 2d.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Charles Cemetery. DATE OF BURIAL Aug 24 1928

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford ave

Spec.—1-12-23—M&T—500 Blks.

E 36749

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-001

REGISTERED NO. E 36749

1-PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ... St. ... Ward)

2-FULL NAME Cope Rogers.

(a) RESIDENCE NO. 1313 E. North Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, ~~Widowed, or Divorced~~, (write the word) Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1874

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| 54 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N. C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do.

14 Informant Baltimore City Hospitals
(Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1928

17 I HEREBY CERTIFY, That I attended deceased from May 5 1928 to Aug. 19 1928

that I last saw him alive on Aug. 18 1928

and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (terminal)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Psychosis with Cerebral Arterio Sclerosis & Hypertension

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Henry Goldsmith M. D.

8/19/28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 8/21/1928

20 UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36750

## CERTIFICATE OF DEATH.

5 VE 36750

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 746 W Lexington ST. (WARD)

2-FULL NAME Katherine Renneberg

(a) RESIDENCE NO. 746 W Lexington ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Renneberg

DATE OF BIRTH (month, day, and year): Oct 25 1864

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 9 | 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Adam Euer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Augsburg Home Record

(Address) 746 W Lexington St

15 Filed ....., 19 PLK Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-19th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to Aug 19 1928.

that I last saw h[illegible] alive on Aug 18 1928

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): old age.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Louis Rennebergh, M. D.

(Address) 3002 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: 8-22nd 1928

20 UNDERTAKER: Mrs Chas A G Rohde

ADDRESS: 2327 Edmondson Ave

ec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36751

## CERTIFICATE OF DEATH

90 E 36751

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 3026 Chesterfield ST., AVE WARD)

2—FULL NAME Savirio (Sam) Votta

(a) RESIDENCE NO. 3026 Chesterfield ST., AVE WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? 47 rs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Votta

DATE OF BIRTH (month, day, and year) April 11 1857

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 71 | 4 | 9 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. Weisheit & Sons

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Lewis Votta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Langona

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Lewis Votta

(Address) 3026 Chesterfield ave

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20 28

17 I HEREBY CERTIFY, That I attended deceased from July 23, 19 28, to August 20, 19 28

that I last saw him alive on August 20, 19 28

and that death occurred, on the date stated above, at 4 - 15 P. m.

The CAUSE OF DEATH* was as follows:

General Myocardial Degeneration,

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Aortic Stenosis

(duration) 3 yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine, M. D.

Aug 22, 19 28 (Address) 14 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Aug 23 19 28

20 UNDERTAKER Frank V. Pistone — ADDRESS 25 S. Gilmor st

ec.—2-29-28—L. F. S.—500 Bks.

E 36752 HEALTH DEPARTMENT—CITY OF BALTIMORE 113 E 36752

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No. 854 E Pratt ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucia Caponno

(a) RESIDENCE NO. 854 E. Pratt ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | — |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 6 1927

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 1 | 11 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Antonio Caponno

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rungata Imbetardo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Antonio Caponno

(Address) 854 E Pratt st

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20 28

17 I HEREBY CERTIFY, That I attended deceased from August 19. 1928. to August 20. 1928.

that I last saw h[illegible] alive on August 20. 1928

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Enteroc - Colitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Marasmus,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M.D.

Aug 22, 1928 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | August 1928 |
| 20 UNDERTAKER | ADDRESS |
| Frank V. Likitora | 218 E. Balto st |

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36753

## CERTIFICATE OF DEATH.

160 E 36753

1-PLACE OF DEATH

City of BALTIMORE: (No. 615 Oakland St. St. 16-69 Ward)

2-FULL NAME George H Buehler

(a) RESIDENCE NO. 615 Oakland St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11m yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 26 28

7 AGE: Years 23 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: James E Buehler

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Agnes Hubert

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore

14 Informant: James E Buehler

(Address): 615 Oakland

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): August 21 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 19 19..... to Aug 21, 19 28

that I last saw h... alive on Aug 21, 19 28

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Infantile Atrophy 4

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Wallace Graves, M. D.

(Address) 801 Kennedy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial 8-22 1928

20 UNDERTAKER: H. C Bramigan ADDRESS 1136 Poplar Grove St

Spec -7-17-26 - A Co. - 200 Blks.

E 36754

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160 E 36754

1-PLACE OF DEATH

REGISTERED NO. Aug 26-28

City of BALTIMORE: (No. 1716 W. Lafayette Av. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edward Waters

(a) RESIDENCE NO. 1716 W. Lafayette St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Colored | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | | 2 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John W. Waters

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Esther Derricks

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. Esther Derricks Waters

(Address) 1716 Lafayette

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21st 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 20 1928 to Aug 21 1928

that I last saw him alive on Aug. 21 1928

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm E Bell M. D.

, 19 (Address) 1537 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Baptist Cem. Date of Burial Aug 22 1928

20 UNDERTAKER Sam'l. F. Chase & Son ADDRESS 1700 Pitcher

Spec.—1-12 23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36755

## CERTIFICATE OF DEATH.

3 E 36755

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ... ST., 2 WARD 1)

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William C. Jackson

(a) RESIDENCE No. 1805 Lancaster ST., WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 64 Years ... Months ... Days ... If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto -

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

Informant: ... (Address) BALTIMORE CITY HOSPITALS

15 Filed ..., 19 ... 2735 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-18 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-3, 1928, to 8-18, 1928

that I last saw him alive on 8-18, 1928

and that death occurred, on the date stated above, at 7.50 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr + acute

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) P. W. Yack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL ... 19

20 UNDERTAKER ... ADDRESS ...

UNIVERSITY OF MARYLAND

AUG 21 1928

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36756 E 36756

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO. 78

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Finnick

(a) RESIDENCE NO. Balto. City Hospitals ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 57 Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country)

PARENTS

10 NAME OF FATHER Phillip Finnick

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Florence

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Records (Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 ..... 2730 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20 19 28

17 I HEREBY CERTIFY, That I attended deceased from 2-14, 19 28, to 8-20, 19 28, that I last saw him alive on 8-20, 19 28, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Epileptic Convulsion

CONTRIBUTORY (Secondary) Epilepsy (duration) ..... yrs. mos. 1 ds.

(duration) 7 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hitch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

UNIVERSITY OF MARYLAND

UNDERTAKER Henry Lutz 1203 W. Baltimore St.

DATE OF BURIAL 8/26 19 28

ADDRESS

AUG 21 192

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36757

E 36757

## CERTIFICATE OF DEATH.

113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2567 Greenmount Ave (ST.) (WARD)

2-FULL NAME John E. Miller

(a) RESIDENCE NO. 2567 Greenmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 22, 1926

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 2 | 30 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Leroy Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Helen M. Blatchy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Leroy Miller

(Address) 2567 Greenmount ave

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1928, to Aug. 21, 1928, that I last saw him alive on Aug. 21, 1928, and that death occurred, on the date stated above, at 10 20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(duration) ..... yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Israel Feinglass M. D.

Aug 21, 1928 (Address) 2401 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forrest, Balto. Co.

DATE OF BURIAL Aug 23, 1928

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North ave.

Cor.—12-9-25—A Co.—200 Bks.

E 36758

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36758

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hosp St., Ward)

2-FULL NAME Richard Cymek

(a) RESIDENCE NO. 124 N Broadford St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28-27

7 AGE: Years 11 Months Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Milton Cymek

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Rose Poland

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Rose Cymek

(Address) 124 N Broadford St

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. ds.

(Signed) H. C. Yates M. D.

(Coroner)

Aug 28 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Aug 31 19 28

20 UNDERTAKER F W Ogorzaly ADDRESS 1950 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E 36759

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

166 ✓ E 36759

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Gen Hosp. Ward) 12-5

2-FULL NAME Florence Sokol

(a) RESIDENCE NO. 3904 Hayward Av. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day and year) Sept 16-1905

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 22 | 11 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hosp Records (Address)

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Bichloride Mercury

(Suicide)

(Duration) yrs. mos. 2 ds.

b (Secondary)

(duration) yrs. mos. 2 ds.

Signed H. E. Lusk M. D.

(Coroner)

19 28 (Address) 1008 Fort Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial 8/24 1928

20 UNDERTAKER Jos L Cook ADDRESS 1003 W Balto

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36760

## CERTIFICATE OF DEATH.

113 E 36760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Wilkens Ave ST. 14-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes Jones

(a) RESIDENCE NO. 1600 Wilkens Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 9 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert A. Jones

11 BIRTHPLACE OF FATHER (city or town) Harrington (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Andrathy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Robert A. Jones (Address) 1600 Wilkens Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Aug 21, 1928, that I last saw her alive on Aug 21, 1928 and that death occurred, on the date stated above, at 2 20 A. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) about 2 days yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No Clinical Test

What test confirmed diagnosis? ✓

(Signed) Henry Cohen M. D.

Aug 22 1928 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Aug 23 1928

20 UNDERTAKER Jos B Cook — ADDRESS 1003 W Balto St

Spec.—1-12-23—M&T—500 Blks.

E 36761

# HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 36761

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 n. Spring ST., 4-17 WARD)

2-FULL NAME Theresa C. Sidenzahl

(a) RESIDENCE NO. 1612 n Spring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): 8/18/27

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|
| 1 | 0 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles S Sidenzahl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Margaret Lang

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Charles S Sidenzahl (Address) 1612 n Spring st

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 22 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 19 28, to Aug 21, 19 28,

that I last saw her alive on Aug 21, 19 28

and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows:

acute Colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John F. Owens M. D.

Aug 23 19 28 (Address) 26-E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 8/23 1928

20 UNDERTAKER: George J Ruth — ADDRESS: 1730 Harford Ave

pec.—1-12-23—M&T—500 Bks.

36762

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 36762

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 3-5 WARD)

2-FULL NAME John Martin

(a) RESIDENCE NO. 808 E Pratt ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced
(a) HUSBAND of
(b) WIFE of

DATE OF BIRTH (month, day, and year) ? 1839

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min. |
|---|---|---|---|---|
| 89 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records
(Address) BALTIMORE CITY HOSPITALS

Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-11, 1924, to 8-15, 1928,
that I last saw him alive on 8-15, 1928,
and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY .....
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Place of Work

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam

(Signed) A. M. Heck, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 8/21/28

20 UNDERTAKER John J. Fahey Co. — ADDRESS 1318 Light St

pec.—1-12-23—M&T—500 Blks.

E 36763

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36763

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7631 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James McMahon

(a) RESIDENCE NO. 16 st & 9th ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | wid |

a If married, widowed, or divorced HUSBAND of or) WIFE of not given

DATE OF BIRTH (month, day, and year)

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 76 | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country)

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) Ire

(State or country)

12 MAIDEN NAME OF MOTHER Helen

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Friends

(Address) BALTIMORE CITY HOSPITALS

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-21 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-17, 1928, to 8-21, 1928, that I last saw him alive on 8-21, 1928, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver, Hypertension, Emphysema; Syphilis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem — DATE OF BURIAL 8-22 1928

20 UNDERTAKER Stephen J. Trachasser — ADDRESS 1711 Pennsylvania Ave

...ec.—2-29-28—L. F. S.—500 Bks.

E 36764

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 36764

## CERTIFICATE OF DEATH

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 16-22

CITY OF BALTIMORE: (No. ... ST. ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Mary Smith

(a) RESIDENCE NO. 1203 N. Fulton ST. Ave —WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 8/2/28

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | 2 hrs. 16 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md —

10 NAME OF FATHER Clarence Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Gladys —

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Friends —

(Address) JOHNS HOPKINS HOSPITAL

Filed ... 19... 2737. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928, to Aug 18, 1928, that I last saw her alive on Aug 18, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1203 N Fulton Ave

Did an operation precede death? ... Date of ...

Was there an autopsy? yes

What test confirmed diagnosis? ...

(Signed) H. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ... HOPKINS HOSPITAL

DATE OF BURIAL AUG 22 19

20 UNDERTAKER ...

ADDRESS ...

Commissioner of Health

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36765

E 36765

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Found floating at

City of BALTIMORE: (No. Pier 19 Light St. Wharf. St., 22-6 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown. (C)

(a) RESIDENCE NO. Do not know. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Do not know. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 30 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S. D.

(Address)

15 Filed _____, 19 ____

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Body found August 13, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D.

(Coroner)

8/21 1928 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER Commissioner of Health ADDRESS AUG 22

...c.—2-29-28—L. F. S.—500 Blks.

E 36766

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-081

E 36766

1—PLACE OF DEATH

REGISTERED NO. 15-21

ITY OF BALTIMORE: (No. Sydenham Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Brown

(a) RESIDENCE NO. 1414 N. Mount St ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and y Sept. 22, 1926

| GE | Years | Months | Days 25 | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 1 | 10 | 28 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER William Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTH Myrtle Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Jennie Brown (Grandmoth)

(Address) 1414 N. Mount St.

Filed ..., 19 Aug 18 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, to Aug 17, 1928, that I last saw him alive on Aug 17, 1928 and that death occurred, on the date stated above, at 1 25 P m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia

(History of an initial "cold")

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

8/22, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY.

DATE OF BURIAL ... 19

20 UNDERTAKER

ADDRESS

Commissioner Health. AUG 22 1928

Dec.—2-29-28—L. F. S.—500 Bks.

E 36767

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

75-001 E 36767

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 220 S. Fulton Ave ST., 19-28 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Heuzler

(a) RESIDENCE NO. 220 S. Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernestine Heuzler

DATE OF BIRTH (month, day, and year): Dec 20th 1856

AGE: Years 71 | Months 10 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): Herman Bros

(c) Name of employer: Same

BIRTHPLACE (city or town) (State or country): Baltimore. Md

10 NAME OF FATHER: Jacob Heuzler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Herwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Ernestine Heuzler

(Address) 220 S Fulton Ave

Filed ....., 19 .....

ANH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 23rd 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Aug 23, 1928, that I last saw h[illegible] alive on Aug. 22 - 1928 and that death occurred, on the date stated above, at 1.15 a m.

The CAUSE OF DEATH* was as follows:

Hemiplegia of Left Brain

CONTRIBUTORY (Secondary) — (duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? Gen. Debility"

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Paralysis of Right Side

(Signed) Thos H Phillips, M. D.

, 19 (Address) 2300 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Aug 24th 19 28

UNDERTAKER: H. Wiesheit

ADDRESS: 155 N. Gilmor St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36768

## CERTIFICATE OF DEATH.

90 E 36768

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 527 London ave St. 20-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna K. Stiecho

(a) RESIDENCE NO. 527 London ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Stech

6 DATE OF BIRTH (month, day, and year) April 25th 1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | 3 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER William Rosenthal

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Kate Nitig

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Harry C. Stech

(Address) 527 London ave

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20th 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by the Inquest

.....find that said deceased came to death

(autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) Unknown

CONTRIBUTORY (Secondary)

(duration) mos. ds.

Signed Thos. B. Horton M. D.

Aug 21 1928 (Address) Curtis Bay

(Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial 8/25 1928

20 UNDERTAKER W. M. Cook ADDRESS 502 E. North

Spec.—1-12-23—M&T—500 lbs.

E 36769

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36769

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 23

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Warner

(a) RESIDENCE (No. 2508 Fleet ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Not Given

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

DATE OF BIRTH (month, day, and year)

AGE: 58 Years ..... Months ..... Days ..... If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): unknown

(c) Name of employer: unknown

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Robert [illegible] BALTIMORE CITY HOSPITALS

15 Filed ..... , 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-21 1928

17

I HEREBY CERTIFY, That I attended deceased from 11-13 , 1923 , to 8-21 , 1928.

that I last saw him alive on 8-21 , 1928,

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

Hypertention

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis, general and Cerebral

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W. M. Hirsh , M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 8 24 1928

20 UNDERTAKER: W. L. Cook — ADDRESS: 502 E North Ave

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36770

## CERTIFICATE OF DEATH.

90 E 36770

1-PLACE OF DEATH ~~Found in~~

City of BALTIMORE: (No. Balt City Hospital St., 10-13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W Hurrah

(a) RESIDENCE NO. 1434 Hanover alley St., _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 52 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hurrah

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Sister, Mary E.

(Address) 1425 Hanover St

15 Filed....., 19 .....

ROSS Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio vascular Disease

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Burns M. D.

(Coroner)

Aug 22, 1928 (Address) 1002 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. 2 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

1434 Hanover St

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae — Date of Burial Aug 23, 1928

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36771

## CERTIFICATE OF DEATH

161-001

E 36771

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 N. Wickham Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Donohue

(a) RESIDENCE NO. 7 N. Wickham Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 21, 1928

7 AGE: Years Months Days — IF LESS than 1 day 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltg. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Frank L. Donohue

11 BIRTHPLACE OF FATHER (City or town): Clarksburg,

(State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Marian Hughes

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va.

14 Informant: Mr. Frank L. Donohue

(Address): 7 N. Wickham Road

15 Filed ..... 19 .....

Registrar

AUG 2 1928

RPR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 21, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Aug 21, 1928

that I last saw him alive on Aug 21, 1928

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity birth (6½ mos)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Karl Straub, M. D.

, 19 (Address) 26 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemy. — Date of Burial: Aug. 23, 1928

20 UNDERTAKER: John O. Mitchell & Sons. — ADDRESS: 1900 Eutaw Pl.

Cor.—12-9-25—A Co.—200 Bks.

E 36772

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

186-001
186 E 36772

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 20-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac. Richardson

(a) RESIDENCE NO. 3048 Chatford St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/16/1877

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 51 | 6 | 11 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Wm. F. Richardson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Alb. Lee

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mary F. Richardson
(Address) 203 Fremont Ave

15 Filed 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21. 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fract. Vertebra - (Caused in collision at Academy Rd. with P.R.R. train)
Since Aug 7/27 (duration) 0 yrs. 0 mos. 14 ds.
CONTRIBUTORY (Secondary) Cerebral Thrombosis
(duration) Acute Dilatation yrs. mos. ds.
(Signed) A. J. Riley M. D.
Aug 22, 19 28 (Coroner)
(Address) ~~Waverly~~ 1039 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death..... yrs..... mos..... ds. In the State yrs. mos. ds.
Since Aug 7. 27
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Aug 23 19 28

20 UNDERTAKER George L. Schwartz ADDRESS 2101 Eutaw Ave.

Spec.—1-12-23—M&T—500 Bks.

E 36773 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36773

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No.) 33d & Calvert (St.) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emily Herr

(a) RESIDENCE NO. 210 E. Main St. (Usual place of abode) Westminster, Md ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Herr

7 DATE OF BIRTH (month, day, and year) Unknown

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| 82± | | | | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

10 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

11 NAME OF FATHER Nathan Gorsuch

12 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

13 MAIDEN NAME OF MOTHER Rachel Count

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): Hospital Records Union Memorial Hosp

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Aug 21, 1928, that I last saw h[illegible] alive on Aug 21, 1928 and that death occurred, on the date stated above, at 4 55 P m

The CAUSE OF DEATH* was as follows:

Diabetes (coma)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) fractures L. Femur (sub-trochanteric) (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Lab & X-ray

(Signed) Wallace R. Swartzwelder, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md

DATE OF BURIAL: Aug 23 1928

20 UNDERTAKER: W M Routson

ADDRESS: 223 N North

Spec.—1-12-23—M&T—500 Blks.

E 36774

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

46E 36774.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 W. Fayette ST. 19-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha D. Lewis

(a) RESIDENCE NO. 1321 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: James W. Lewis

DATE OF BIRTH (month, day, and year): Dec 31, 1885

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 42 | | 7 | 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): New York

10 NAME OF FATHER: Philip Farley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila, Pa

12 MAIDEN NAME OF MOTHER: Emma Kenney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

Informant: James W. Lewis

(Address) 1321 W. Fayette

Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 22 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 22, 1928, to Aug 22, 1928,

that I last saw her alive on Aug 22, 1928

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis intest with pulmonary Metastasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Theodore Wollak, M. D.

, 19 (Address) Univ. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Calvary | 8/24 19 28 |
| 20 UNDERTAKER | ADDRESS |
| W. M. Cook | 307 E. North Ave |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36775 36775

## CERTIFICATE OF DEATH.

101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1807 Dukeland St ST. 16-18 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Clifford Seltzer

(a) RESIDENCE No. 1807 Dukeland St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis M.Seltzer

6 DATE OF BIRTH (month, day, and year) Apr.26 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 3 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter House building

(c) Name of employer John Cowan

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John M.Seltzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margeret Rothe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Emmittsburg Md.

14 Informant Mrs. F.M.Seltzer

(Address) 1807 Dukeland Ave.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug.21 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug.8 1928, 19 to Aug 21 1928 19, that I last saw h in alive on Aug.20 1928, 19, and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) X yrs. X mos 3 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) 9 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of Death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles L. Clark, M. D.

8/22/28 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 8 23 19 28

20 UNDERTAKER

ADDRESS

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36776

## CERTIFICATE OF DEATH

24 001 E 36776

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Maryland Gen. Hospt St., 25 Ward 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles S. Barker.

(a) RESIDENCE NO. 2917 Runyon Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Charles S. Barker,

6 DATE OF BIRTH (month, day and year): Oct. 24 1874

7 AGE: Years 53, 55; Months 9; Days 28 (27); IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supervisor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Western Elec Co.

9 BIRTHPLACE (city or town): Poughkeepsie,

(State or country): N. Y.

PARENTS

10 NAME OF FATHER: Leander Barker.

11 BIRTHPLACE OF FATHER (City or town): Poughkeepsie

(State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Alice Seaman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Poughkeepsie N.Y.

14 Informant: Hospital Record

(Address)

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

8/21/28 4:16 P.M.

17 I HEREBY CERTIFY, That I attended deceased from 10:30 A.M., 19 28, to 4:16 P.M., 19 28,

that I last saw him alive on 8/21 28 at 4:15, 19 .....,

and that death occurred, on the date stated above, at 4:16 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

Where was disease contracted

if not at place of death? at Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

....., 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Gen

Date of Burial: Aug 24 1928

20 UNDERTAKER: Wm Fletcher Sons

ADDRESS: Norfolk Va

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36777

## CERTIFICATE OF DEATH.

89 E 36777

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. En route to University Hospital 4-2c ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Harvey

(a) RESIDENCE NO. 1315 Edmondson Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marietta Harvey.

6 DATE OF BIRTH (month, day, and year)
Nov. 5, 1859.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 68 | 9 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. City Water Dept.,

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER William W. Harvey.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth A. Bell.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Marietta Harvey.

(Address) 1315 Edmondson Ave.,

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Angina Pectoris.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.
(Coroner)

8/22 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial Aug 23 1928

20 UNDERTAKER L. J. Tucker, Son ADDRESS Md.

...ec.—2-29-28—L. F. S.—500 Bks.

16 824
1E 36778

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 9VE 36778

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Henry Carr

(a) RESIDENCE NO. Lothian ST., WARD Lothian. Md.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Alice Carr

DATE OF BIRTH (month, day and year) 1865

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 530

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Henry Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-21-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Aug 21, 1928, that I last saw h alive on Aug 21, 1928 and that death occurred, on the date stated above, at 4 45 p.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Thrombotic occlusion of
Abdominal Aorta
(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & Laboratory

(Signed) E Hooper Lewis M. D.

Aug 21, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Johns Hopkins - A.A. Co. Md | Aug 24 1928. |
| 20 UNDERTAKER Stewart Mortuary Co | ADDRESS Balto. |

Cor.—1-13-33—M&T—100 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36779

E 36779

## CERTIFICATE OF DEATH.

REGISTERED NO. 84

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606-N-Calvert ST. 7-19 WARD)

2-FULL NAME Katharine Willie Martin

(a) RESIDENCE No. 1606-N-Calvert ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 68 yrs. 2 mos. 7 ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Martin

6 DATE OF BIRTH (month, day, and year) June-14-1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 68 | 2 | 7 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9 BIRTHPLACE (city or town) Frederick
(State or country) Maryland.

PARENTS

10 NAME OF FATHER William Sittinger

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann Brengle

13 BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Maryland

14 Informant Mrs May B. Marlin (daughter)
(Address) 1606 N Calvert St

15 Filed ....., 192 .....

C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21. 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Suddenly (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) ..... M. D.
(Coroner.)

Aug 21, 192 8 (Address) 1639 Wilkens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death — yrs., — mos., — ds. In the State — yrs., — mos., — ds.

Where was disease contracted, if not at place of death? ——

Former or usual residence ——

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet Cemetery | Aug-24/1928 |
| 20 UNDERTAKER Stewart & Co | ADDRESS Balto. |

Spec.—12-9-25—A Co.—200 Bks.

E 36780

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36780

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2114 N Bulaski St. 15-66 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Tramer

(a) RESIDENCE NO. 2114 N. Bulaski St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Leopold Tramer

6 DATE OF BIRTH (month, day, and year) July 5 - 1866

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 62 | 1 | 16. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country) Austria

PARENTS

10 NAME OF FATHER Maurice Tramer.

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Austria

12 MAIDEN NAME OF MOTHER Miriam Tramer.

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Austria

14 Informant Eva Tramer.

(Address) 2114 N Bulaski St

15 Filed_____ 19____ RHC. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21 1925

17 I HEREBY CERTIFY, That I attended deceased from August 1 1924 to August 21 1925, that I last saw h__ alive on August 14 1925, and that death occurred, on the date stated above, at 9:00 a. m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) unknown yrs. __ mos. __ ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) unknown yrs. __ mos. __ ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? no Date of_____

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) Charles Reland, M. D.

8 4, 1928 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Sinai Cem

Date of Burial 8/23 1928

20 UNDERTAKER Sol Levinson Bro

ADDRESS 1127 E Balto St

Spec.—1-12-23—MAT—500 Blks.

36781

# HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

## CERTIFICATE OF DEATH.

90E 36781

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2321 Callow ave ST.) 13-59 WARD)

2-FULL NAME Max Berkan

(a) RESIDENCE No 2321 Callow ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Era Berkan

7 DATE OF BIRTH (month, day, and year) 1869

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | — | — | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Berkan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Berkan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Era Berkan

(Address) 2321 Callow ave

15 Filed , 19 . Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Aug. 22nd 1928, that I last saw him alive on Aug. 22nd 1928, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH was as follows:

Hypertension

Myocardial insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) Harry Feldstein M. D.

Jan 2, 1929 (Address) 2210 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Wash Rd. DATE OF BURIAL 8/23 1928

20 UNDERTAKER Jack Lewis ADDRESS 1437 E Baltimore St

E 36782

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 36782

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH 316 Mt. Clint Gen

REGISTERED NO.

CITY OF BALTIMORE: (No. 70-30 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie May Dredger

(a) RESIDENCE. NO. 316 Mt. Clint Gen ST. WARD. Ward 26.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W | married |

5a If married, widowed, or divorced HUSBAND of (or WIFE of) William Louis Dredger

6 DATE OF BIRTH (month, day, and year) Dec 2 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 7 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER David Benton Smelser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carol Co.

12 MAIDEN NAME OF MOTHER Laura Schrafer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carol Co.

14 Informant Laura R. Staff
(Address) 316 Mt Clint Gen

15 Filed 23 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-21 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-19-28, 19 , to 8-21, 19 28 that I last saw h w alive on 8-20, 19 28 and that death occurred, on the date stated above, at 11 12 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wash. D.C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) Robert H. Ives, M. D.

, 19 (Address) 2530 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Olivet | Aug 24 1928 |

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son ADDRESS 801 W. Fayette

ec.—2-29-28—L. F. S.—500 Bks.

36783

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36783

1—PLACE OF DEATH Provident Hospital

REGISTERED NO.

ITY OF BALTIMORE: (No. ..... ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Ella Reddick

(a) RESIDENCE NO. 212 W. Chase ST., WARD
(Usual place of abode)

ngth of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Colored | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Reddick

DATE OF BIRTH (month, day, and year) September 1892

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto; Md.

10 NAME OF FATHER John Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucinda Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Francis Reddick

(Address) 212 W. Chase St.

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-20-28

17 I HEREBY CERTIFY, That I attended deceased from 8-18-, 28, to 8-20, 19 28

that I last saw her alive on 8-20, 19 28

and that death occurred, on the date stated above, at 10 20 p. m.

The CAUSE OF DEATH* was as follows:

Post-partum Eclampsia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) M. B. Butler, M. D.

19 (Address) 425 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Lebanon | Aug 23 1928 |
| 20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 1725 Ashland Ave |

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36784

## CERTIFICATE OF DEATH.

161-002

E 36784

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmund Joseph Meskill Jr.

(a) RESIDENCE No. 1200 Bonaparte Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Child |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Edmund J. Meskill Sr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma S. Houston

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant Edmund J. Meskill Sr.
(Address) 1200 Bonaparte Ave

15 Filed . 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/22 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/19, 1928, to 8/22, 1928, that I last saw him alive on 8/22, 1928, and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 10 hrs ds.

CONTRIBUTORY (Secondary) Difficult labor - instrumental

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Spinal puncture Date of 8/22/28

Was there an autopsy? No

What test confirmed diagnosis? Spinal puncture

(Signed) Thos. E. Stacy Jr. M. D.

. 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Aug 25, 1928

20 UNDERTAKER Elmer W. Conklin

ADDRESS 924 E. Eager St.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36785 161-002 E 36785

## CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 24-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Fangmann

(a) RESIDENCE NO. 1122 William St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-22-28

7 AGE Years Months Days IF LESS than 1 day 11 hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Frank Fangmann

11 BIRTHPLACE OF FATHER (City or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Jacobson

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Hospital Record

(Address)

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/23/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/22/28, 19 ..., to 8/23/28, 19 ..., that I last saw her alive on 11/23/28, 19 ..., and that death occurred, on the date stated above, at 3:50 pm m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. S. Whitehead, M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — Date of Burial 8-23 1928

20 UNDERTAKER C. H. Zeller's Sons — ADDRESS 115 S. Paca St

Spec.—1-10-21—M&T—1500 Bks.

E 36786

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

38 E 36786

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Brewer ST. 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Myers

(a) RESIDENCE NO. 1125 Brewer ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Black | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 10 H | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto, Md.
(State or country)

PARENTS

10 NAME OF FATHER Elisha Hopkins

11 BIRTHPLACE OF FATHER (city or town) Richmond
(State or country) Goochland Co Virginia

12 MAIDEN NAME OF MOTHER Marie Myers

13 BIRTHPLACE OF MOTHER (city or town) Richmond
(State or country) Goochland Co. Virginia

14 Informant Marie Myers
(Address) 1125 Mapleton St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22 1928.

17

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1928. to Aug. 21, 1928.

that I last saw him alive on Aug. 21, 1928.

and that death occurred, on the date stated above, at 4:30 A.m.

The CAUSE OF DEATH* was as follows:

Congenital maldevelopment of thoracic & abdominal musculature.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Sure (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1125 Brewers St

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Aut. exam, Microscopic

(Signed) Wm A. Smithson, M. D.

, 19 (Address) Md. University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Aug 23 1928

UNDERTAKER: Daniel Easton — ADDRESS 916 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36787

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital 4-30 W-O)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

1928 E 36787

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ....., 19 .....

Registrar

2736

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller M. D.

(Coroner)

8/21, 1928 (Address) 1939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

UNIVERSITY OF MARYLAND — AUG 23 1928

20 UNDERTAKER — ADDRESS

Very Important: See instructions on reverse side.

Spec.-7-17-26-A Co.-200 Blks.

Maresca

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36788

## CERTIFICATE OF DEATH

X 139 E 36788

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen'l Hosp'l St. 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Maresca

(a) RESIDENCE NO. Pikesville, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (or) WIFE of Robert J. Maresca

6 DATE OF BIRTH (month, day, and year) 11-28-1893

7 AGE — Years: 34 Months: 8 Days: 24 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home-wife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John H. Copenhaver

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Jane Buckingham

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Husband Rec'd

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-22-28 19

17 I HEREBY CERTIFY, That I attended deceased from July 14, 19 28, to August 22, 19 28, that I last saw h.e.r. alive on August 22, 19 28, and that death occurred, on the date stated above, at 11:55 A. m.

The CAUSE OF DEATH* was as follows:

Pedunculated fibroid of Uterus

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Pelvic cellulitis with Pelvic Peritonitis - Pulmonary Infarct - 10 a. 55 Time

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/14/28 & 8/8/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) no autopsy M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lyndhurst Burgan Co. Md. Date of Burial Aug 24th 1928

20 UNDERTAKER Fortman & Moore ADDRESS 1723 W Lafayette Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 36789 HEALTH DEPARTMENT—CITY OF BALTIMORE √E 36789

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 6003 Edna Ave St. 27-43 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Mary H. Allen

(a) Residence No. 6003 Edna Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced) ~~HUSBAND of~~ WIFE of Wm G. Allen

6-DATE OF BIRTH (month, day and year) July 30-1883

7-AGE. 45 yrs. mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer). Housewife

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Lorber

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER, Margaret Lorber

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14- (Informant) Wm. G. Allen

(Address) 6003 Edna Ave.

15- Filed ... 1928 ... 193... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug 22/28

17- I HEREBY CERTIFY, That I attended deceased from Aug 3 1927 to Aug 22 1928 that I last saw h~~e~~r alive on Aug 22 1928 and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

about

(Duration) 2 yrs. — mos. — ds

CONTRIBUTORY (Secondary) Carcinoma Uterus

about

(Duration) 2 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B. Grew M. D.

8/23, 1928 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL, 8/25, 19 8

20-UNDERTAKER. J. Rusk

ADDRESS 640 Sept

Spec.—1-10-21—M&T—1500 Bks.

E 36790 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36790

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1124 N. Pratt (St.) 16-29 (Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Soyonos,

(a) RESIDENCE NO. 1124 N. Pratt ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 1863 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower, |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown,

6 DATE OF BIRTH (month, day, and year) 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor.

(b) General nature of Industry, business, or establishment in which employed (or employer) Tailor.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Lith,

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lith.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lith,

14 Informant Silvester Dudley,
(Address) 1124 N. Pratt St

15 Filed ... 19 ... Registrar

H. C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2nd 1928. to Aug. 21. 1928.
that I last saw him alive on Aug. 21. 1928.
and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis,

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Urine Analysis Etc.

(Signed) Chas. Hampson Jones M. D.

8/24, 19 (Address) 838 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 8/29 1928

20 UNDERTAKER Chas. B. Kuchausha

ADDRESS 637 S. Paca St

spec.—1-12-23—M&T—500 Bks.

E 36791 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36791

X 33

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Bal[illegible] St. 2.31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolphus Treston

(a) RESIDENCE NO. 805 China Street, Balto., St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 weeks mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | single |

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 1, 1899

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 11 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S. "Catherine Weems"

BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Moses Treston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charleston, S.C.

12 MAIDEN NAME OF MOTHER Cecelia Walker

13 BIRTHPLACE OF MOTHER (city or town) Mobile (State or country) Alabama

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 22, 19 28, to August 22, 19 28, that I last saw him alive on August 22, 19 28, and that death occurred, on the date stated above, at 10:00 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis, chronic

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On board ship

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms and clinical course

(Signed) /Houston G. Foster, M. D.

8/29 19 28 (Address) U.S. Marine Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Aug 23, 1928

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North ave

a&M

Spec.-7-17-26—A Co.—200 Blks.

E 36792

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

153 E 36792

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Steve Franckewicz

(a) RESIDENCE NO. 2226 East St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Pelagia Franckewicz

6 DATE OF BIRTH (month, day, and year): Aug 12 1898

7 AGE: Years 30 Months - Days 9 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Poland.

PARENTS

10 NAME OF FATHER Peter Franckewicz

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Poland

14 Informant: Pelagia Franckewicz

(Address) 2226 East St.

15 Filed ....., 19.. C. Hanson Jones, M. D.

1928 RKH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 21, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 9th, 19 28, to Aug 21st, 19 28,

that I last saw h 1m alive on Aug 21st, 19 28,

and that death occurred, on the date stated above, at 11 23 A m.

The CAUSE OF DEATH* was as follows: Multiple Abscesses of Back (Staph.)

(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Septicemia (Staphylococcus)

(duration) ....yrs. ....mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Aug 16, 1928

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Francis W. Fuller, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Aug

Date of Burial: 24 1928

20 UNDERTAKER: H W Zagzewski

ADDRESS 1930 Eastern Av

ec.—2-29-28—L. F. S.—500 Blks.

E 36793

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113 E 36793

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 1732 S. Charles ST. 23-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Franklin E. Young, Jr.

(a) RESIDENCE NO. 1732 S. Charles ST., WARD

(Usual place of abode)

ength of residence in city or town where death occurred 1 yrs. 1 mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

EX: ale.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant.

DATE OF BIRTH (month, day, and year): July. 12, 1927.

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 1. | 1. | 10. | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Franklin E. Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Katherine Brown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chester, Md.

Informant: Franklin E. Young, (Father

(Address) 1732 S. Charles St.

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 22/1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Aug 22, 1928

that I last saw h alive on Aug 22, 1928

and that death occurred, on the date stated above, at 11-30 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

CONTRIBUTORY (Secondary): Convulsions (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? — (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Clinically

(Signed) W. K. K. Campbell M. D.

Aug 22 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Aug 24 1928

20 UNDERTAKER: C. Howard Evans

ADDRESS: 38 E Lanvale

Spec.—1-12-23—M&T—500 Blks.

E 36794 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36794

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No.) 422 N. Carey ST. 14-26 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mollie A. Alexander.

(a) RESIDENCE NO. 422 N. Carey. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married. |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Robert G. Alexander

DATE OF BIRTH (month, day, and year) Sept 29-1870

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 11 | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER John Polk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Julia A Dunton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Nettie B. Tot

(Address) 422 N. Carey St

Filed ..... 19 HARRISON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-22, 1928.

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to Aug. 22, 1928, that I last saw her alive on Aug. 22, 1928, and that death occurred, on the date stated above, at 2:20 P m.

The CAUSE OF DEATH* was as follows:

Surgical Shock following Abdominal Operation.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug-23, 28.

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) Earl F. Lumbeck, M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 8/25 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E North

Spec.—1-12-23—M&T—500 Blks.

E 36795

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36795

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 18-63 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Jones

(a) RESIDENCE No. 4116 Academy Ave ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Jones

DATE OF BIRTH (month, day, and year) Jan 1860

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 7 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Charles Reynes 4116 Academy Ave

Filed ....., 19 .....

Registrar

O.K. Eyre & Keller, U.S. Consular Service Dept.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21 1928

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1928, to August 21, 1928, that I last saw him alive on August 21, 1928, and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, right lower lobe

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) G.K. Gulick, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL 8/24/28

20 UNDERTAKER Wm. Cook

ADDRESS 907 E. Hoffman St.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36796

## CERTIFICATE OF DEATH.

49 E 36796

1-PLACE OF DEATH Druid Hill Ave

CITY OF BALTIMORE: (No.) Walbrook Park Hosp ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Tasker Cole.

(a) RESIDENCE NO. 2125 St Charles ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | W. | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 17 1860

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 67 68 | 2 9 | 24 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Md. Casualty Co.

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Lewis Hiram Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md.

12 MAIDEN NAME OF MOTHER Susan Weatherby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cape May N.J.

Informant Mrs. James H Patton

(Address) 622 University Parkway

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1928

17

I HEREBY CERTIFY, That I attended deceased from August 10, 1928, to Aug 23, 1928, that I last saw h er alive on Aug 22, 1928 and that death occurred, on the date stated above, at 9½ a. m

The CAUSE OF DEATH* was as follows:

Cancer of R. Lung,

(duration) yrs. 6 mos? ds.

CONTRIBUTORY (Secondary) Chr valv. heart d'ease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray - clin.

(Signed) [signature] M. D.

8/23 1928 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 8/25 1928

20 UNDERTAKER [signature] Cook — ADDRESS 502 E North Ave

Spec. - 1-10-21—M&T - 1500 Bks.

E 36797

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36797

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. 1731

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Lefing ST. 19 WARD)

2-FULL NAME Mr. ~~John~~ Langrehr

(a) RESIDENCE NO. Liberty Road (Usual place of abode) Rockdale Md. WARD

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: G Maude

6 DATE OF BIRTH (month, day, and year): Aug 5 1886

7 AGE: Years 42 Months 4 Days 18

If LESS than 1 day, hrs. or min.

Feb Sherman 8/31/28

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Md S.P.C.A.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Louis Langrehr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Annie Schuck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: G Maud Langrehr

(Address) Liberty Road Rockdale Md

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 23 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1928, to Aug. 23, 1928.

that I last saw him alive on Aug. 23, 1928

and that death occurred, on the date stated above, at 1:25 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) 3 yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Elizabeth B. Sherman M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity — DATE OF BURIAL: Aug 26 1928

20 UNDERTAKER: Morton W. Duffy — ADDRESS: 231 N Am

ec.—2-29-28—L. F. S.—500 Hks.

E 36798

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

89 ✓ E 36798

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 310 S. Highland ave ST., 16 WARD)

2—FULL NAME Harry L. Stallings

(a) RESIDENCE NO. 310 S. Highland ave ST.

(Usual place of abode)

WARD

ength of residence in city or town where death occurred 59 yrs. 7 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed or divorced HUSBAND of (or) WIFE of Lillie F. Stallings

DATE OF BIRTH (month, day, and year) Jan. 18th 1869

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 7 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Public Weigher & Sampler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Samil Stallings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

Informant Lillie F. Stallings

(Address) 310 S. Highland ave

Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23- 1928.

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Aug 23, 1928, that I last saw h— alive on Aug 23, 1928, and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilley M. D.

8/23 1928 Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Aug 25 1928

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E Eager St

Dec.—2-29-28—L. F. S.—500 Bks.

E 36799

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

88 ✓ E 36799

1—PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ST. 10-75 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sadie Gilden

(a) RESIDENCE NO. 2111 Eagle St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 3-26-1913

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 15 | 5 | 8 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Abraham Gilden

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Becky Schuken

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

Informant Sydenham Hosp Records
(Address)

Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23-1928

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to August 23, 1928, that I last saw h.r alive on August 23, 1928 and that death occurred, on the date stated above, at 1.35 P m.

The CAUSE OF DEATH* was as follows:

Toxic Dermatitis (unknown origin)

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Sachman, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lehren Washington Md

DATE OF BURIAL 8/24 19 28

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Baltimore

Spec.—1-12-23—M&T—500 Bks.

E 36800

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36800

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Path. No. 1) ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Spady

(a) RESIDENCE NO. 311 Hargrove Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 24 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Spady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Anne ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed ..., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to August 20, 1928, that I last saw her alive on August 20, 1928, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) last year mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C Smith M. D.

8-22 1928 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery Cemetry — DATE OF BURIAL Aug 24 1928

20 UNDERTAKER — ADDRESS Robert Watkins 1515 N Eden St

Spec.—1-12-23—M&T—500 Blks.

E 36801

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57

E 36801

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat ST., 2814 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Snyder

(a) RESIDENCE NO. 27 Somerset St (Usual place of abode) Mount Hope Retreat ST., 2814 WARD

Length of residence in city or town where death occurred 40 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? Not Known yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married -

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Snyder

6 DATE OF BIRTH (month, day, and year) July 15 1872

7 AGE

| Years | Months | Days | If LESS than 1 day.....hrs. or....min. |
|---|---|---|---|
| 56 | 6 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home Work -

(c) Name of employer

9 BIRTHPLACE (city or town) (?) (State or country) Ireland -

PARENTS

10 NAME OF FATHER Patrick Murphy

11 BIRTHPLACE OF FATHER (city or town) (?) (State or country) Ireland -

12 MAIDEN NAME OF MOTHER Johanna Shuler (?)

13 BIRTHPLACE OF MOTHER (city or town) (?) (State or country) Ireland

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Baltimore Md -

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23, 1925

17 I HEREBY CERTIFY, That I attended deceased from July 17 -, 1925, to Aug. 23, 1925, that I last saw her alive on Aug 22, 1925, and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. 3 mos 0 ds.

CONTRIBUTORY (Secondary) Manic Psychosis

(duration) yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank Flannery, M. D.

Aug 25 1925 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Aug 27, 1925

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36802

101-001

## CERTIFICATE OF DEATH.

REGISTERED NO. E 36802

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp. St., W-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Crayford

(a) RESIDENCE NO. 16 W. Church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1883

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 45 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Provident Hosp Record

(Address)

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Leech (Coroner) M. D.

Aug 23rd 1928 address 1 North Bel Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial 8/25/1928

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 16 S. Dund Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36803 113 E 36803

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (NO. Monument ST., 14 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Cichon

(a) RESIDENCE NO. 921 S Kenwood Ave ST., / WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Jan 10 - 1925

7 AGE — Years: — Months: 7 Days: 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Frank Cichon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna Barkowiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Anna Cichon 921 S Kenwood Ave

15 Filed ....., 19 Aug 1 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22, 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1925, to Aug 22, 1925, that I last saw him alive on Aug. 22, 1925, and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows:

Acute ulcerative Colitis

Fatty degeneration of liver

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Congestion of brain

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) Meyer Miller, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Kostka Cem | DATE OF BURIAL: Aug 24 1925

20 UNDERTAKER: Stephen J Piatkowski | ADDRESS: 1000 S Kenwood Ave

pec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36804

## CERTIFICATE OF DEATH

90 1

E 36804

1—PLACE OF DEATH Sydenham Hosp

REGISTERED NO.

CITY OF BALTIMORE: (No. 2701 Woodsdale Ave ST., 27-A WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruth E. Guthridge

(a) RESIDENCE NO. 2701 Woodsdale Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 24, 1925

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 0 | 28 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Ernest R. Guthridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas

12 MAIDEN NAME OF MOTHER Mary A. Ernest

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Ernest R Guthridge

(Address) 2701 Woodsdale Ave

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22, 1928

17

I HEREBY CERTIFY, That I attended deceased from August 22, 1928, to August 22, 1928,

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 5.00 p m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Forget (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

8/22, 1928 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill | Aug 24 1928 |
| 20 UNDERTAKER | ADDRESS |
| Chas. L. Evans | N. C. & Fayette |

...ec.—2-29-28—L. F. S.—500 Bks.

E 36805

# HEALTH DEPARTMENT—CITY OF BALTIMORE

101-006

E 36805

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 117 N. Edew ST. 5-8 WARD)

2—FULL NAME Columbus Harris

(a) RESIDENCE NO. 117 N. Edew ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | S |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) April ?, 1908

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 20 | 4 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or partirular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

BIRTHPLACE (city or town) (State or country) King-Queen Co. Va.

10 NAME OF FATHER Marcus Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) King-Queen Co. Virginia

12 MAIDEN NAME OF MOTHER Laura Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King-Queen Co. Va.

Informant Marcus Harris

(Address) 117 N. Edew

Filed ..., 19 ... R. H. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23. 28

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug. 23, 1928

that I last saw h... alive on Aug. 23, 1928

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Enteritis

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Pulmonary edema - Acute Nephritis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam

(Signed) W. L. Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| West Point Va | Aug 25, 1928 |
| OR UNDERTAKER Mrs. P. G. Elliott | ADDRESS 1725 Ashland Ave |

Cor.—12-9-25—A Co.—200 Bks.

E 36806

# HEALTH DEPARTMENT—CITY OF BALTIMORE

10-002

## CERTIFICATE OF DEATH.

E 36806

1-PLACE OF DEATH

City of BALTIMORE: (No.) St. Joseph's Hospital (St.) 5-17 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin T. Bamberger

(a) RESIDENCE NO. 2505 E Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 6. 1925

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 3 | | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Edwin Bamberger

11 BIRTHPLACE OF FATHER (city or town) Pa

(State or country)

12 MAIDEN NAME OF MOTHER Flora Krause

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant Flora A. Southerland

(Address) 2505 E Chase St

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septic Throat. Positive (Health Dept. Cultures)

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Dog Bite

(duration) yrs. mos. 1 ds.

(Signed) G C Yates M. D.

(Coroner)

, 19 (Address) 143 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Aug 24 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

ec.—2-20-28—L. F. S.—500 Blks.

E 36807

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Dr F L Bishop 3400 Walbrook Ave

129 E 36807

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 5615 Fern Park Ave ST., Howard Park WARD)

2—FULL NAME Beverly W. Butler

(a) RESIDENCE NO. 5615 Fern Park Ave ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 29 188

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 47 | | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER Albert E Butler

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Anne C Stultz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

Informant Albert E Butler

(Address) 5615 Fern Park Ave

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22. 1928

17

I HEREBY CERTIFY, That I attended deceased from June 17 1928, 19..., to Aug 22, 19 28,

that I last saw him alive on Aug 22 1928, 19...

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~~Laboratory tests~~ & Phys ical

(Signed) F L Bishop M. D.

8/24, 19 28 (Address) 3400 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

20 UNDERTAKER J M Cook & Co

DATE OF BURIAL 8 25 19 28

ADDRESS 572 E Lafayette Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36808

E 36808

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital W-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lillian Hohnein.

(a) RESIDENCE NO. Dalethorpe, Md. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Willis Hohnein

6 DATE OF BIRTH (month, day, and year): Jan 26 1889

7 AGE — Years: 39 — Months: 6 — Days: 4 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Geo. B. Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Pa

12 MAIDEN NAME OF MOTHER: Ella Batchelor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

14 Informant: Willis Hohnein

(Address): Spring Dale Dalethorpe

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Aug 23, 1928, that I last saw him alive on Aug 23, 1928, and that death occurred, on the date stated above, at 9.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

(duration) ... yrs. ... mos 2 days

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 8

Was there an autopsy? Yes

What test confirmed diagnosis? By Autopsy.

(Signed) Geo. T. Bobbitt, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem | Aug 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Jos Joerdens Son | 2173 Pa |

Spec.—1-10-21—M&T—1500 Bks.

E 36809

# HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001 E 36809

## CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Poplar Grove ST. 15-67 WARD)

2-FULL NAME Charles Edgar Adams

(a) RESIDENCE NO. 1602 Poplar Grove ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S.Adams

6 DATE OF BIRTH (month, day, and year) Feb.19,1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 6 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer B. C. & A.

9 BIRTHPLACE (city or town) (State or country) Caroline Co.-Md

PARENTS

10 NAME OF FATHER James L. Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co., Md.

12 MAIDEN NAME OF MOTHER Elizabeth Nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Elizabeth S. Adams
(Address) 1602 Poplar Grove St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug.23, 1928

17 I HEREBY CERTIFY, That I attended deceased from May 5th, 1928, to Aug 23rd, 1928, that I last saw him alive on Aug 22nd, 1928, and that death occurred, on the date stated above, at 9.15 P.m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) 5 yrs. - mos - ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Eugene Douglas, M. D.

Aug 29, 1928 (Address) 3043 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Denton, Md. via B.C.&A.

DATE OF BURIAL Aug 27 1928

20 UNDERTAKER John A. Denny

ADDRESS 715 Light St.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36810

## CERTIFICATE OF DEATH.

89 E 36810

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital (ST. 15 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Clarence Hammond

(a) RESIDENCE NO. 1600 Eutaw Place ST., WARD 6
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 6 1882

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 1 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Seed business

(c) Name of employer Griffith & Turner

BIRTHPLACE (city or town) (State or country) Somerset County Md.

10 NAME OF FATHER John T. Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset County, Md

12 MAIDEN NAME OF MOTHER Emeline L. Shiles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset County

Informant Mr. Richard T. Hammond
(Address) 2012 N. Calvert St.

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23 1928

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to August 23, 1928, that I last saw him alive on August 23, 1928, and that death occurred, on the date stated above, at 10:35 P.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

10 hours (duration) 0 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Angina Pectoris, Arteriosclerosis (duration) yrs. 4 mos. 14 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure.

(Signed) Louis T. Turner, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemy. DATE OF BURIAL Aug 25 1928

20 UNDERTAKER Geo. O. Mitchell & Sons ADDRESS 1900 Eutaw Pl.

Spec.—1-12-23—M&T—500 Bks.

E 36811

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36811

## CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Alameda B'lvd. ST. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anita H. Schneider

(a) RESIDENCE NO. 2912 Alameda B'lvd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July, 24" 1919

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 9 | --- | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER John R. Schneider

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Lula Borcher

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant John R. Schneider (Address) 2912 Alameda Blvd.

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August, 22" 19 25

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 19 25, to Aug. 22, 19 25, that I last saw h.. alive on Aug. 22, 19 25, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor (Otitis)

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Cardio Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? →

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Fred D. Smith, M. D.

8/23, 1925 (Address) 11 East Chase Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Aug. 25" 19 25

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Bks.

E 36812

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36812

## CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1423. Hull St. ST. 24-25 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Sullivan

(a) RESIDENCE NO. 1423. Hull St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Sullivan

6 DATE OF BIRTH (month, day, and year) ? ? 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|---|
| | 57 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Timothy Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ann Sullivan

(Address) 1423. Hull St.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 19 28, to Aug 22, 19 28,

that I last saw h[illegible] alive on aug 22, 19 28

and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Sclerosis 14 years

Hypertension 1 Year

Angina Pectoris

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Chronic Sclerosis Coronary with

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Thos J. Stevens M. D.

Aug 23 1928 (Address) 2828 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL aug. 25 1928

20 UNDERTAKER Margaret J. Flynn

ADDRESS 1422 Light St

Spec.—6-9-19—H. P. Co.—1000 Bks.

Dr. Schlindinger 45-14 Eastern

E-36813

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

37-001 36813

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 E. Clement St. 24-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert W. Thompson

(a) RESIDENCE. No. 606 E. Clement St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 20 - 1911

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | 8 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Edward Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Mary Rubeck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mrs. Mary Thompson (Address) 606 E. Clement St.

15 Filed ___ . 19 ___ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24th 1928

17. I HEREBY CERTIFY, That I attended deceased from August 16 - 1928 to August 24 1928, that I last saw him alive on August 23 1928, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis.

CONTRIBUTORY (Secondary) Intercostal Neuralgitis (duration) yrs. 1 mos. 1 ds.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris J. Schlindinger M. D

Aug 24 1928 (Address) 45-14 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill Cemetery | 8/27/28 |

20 UNDERTAKER E. D. Fleming & Son - 1938 E. Lafayette ADDRESS

Cor.—12-5-25—A Co—200 Bks.

E 36814

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 36814

1-PLACE OF DEATH

City of BALTIMORE: (No. 840 N. Howard St., 11-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence M. Parr

(a) RESIDENCE NO. 840 N. Howard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 Sex | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Parr.

6 DATE OF BIRTH (month, day, and year) May 25-1882

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | 2 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond Va

(State or country)

PARENTS

10 NAME OF FATHER John Ramsey

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Mary Hellsman

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Herbert Parr

(Address) 840 N. Howard

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 6 yrs. mos. ds.

(Signed) H. Lee Cook M. D.

(Address) 501 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va Date of Burial Aug 25 1928

20 UNDERTAKER H. W. Cook ADDRESS 501 E North Ave

Spec. -7-17-26—A Co.—200 Bks.

E 36815

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 36815

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 321 E 30th St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Rosch

(a) RESIDENCE NO. 321 E 30th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rosch

6 DATE OF BIRTH (month, day, and year) April 16 1845

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 83 | 4 | 8 |

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Stephen Dorsey

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Reta Rosch

(Address) 321 E 30th St.

15 Filed , 19

Registrar RRH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug 24, 1928.

That I last saw her alive on Aug. 23, 1928.

That death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edgar B. Britton, M. D.

, 19 (Address) 3316 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral Cem. Aug. 27 1928

20 UNDERTAKER — ADDRESS

Martin W. C. Dilgard 37 Lem St

pec.—1-12-23—M&T—500 Blks.

E 36816 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 36816

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 848 W Pratt ST., 18-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McNamee

(a) RESIDENCE NO. 848 W Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Widower |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of of the late Margaret McNamee

DATE OF BIRTH (month, day, and year) July 4th 1841

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 87 | 1 | 19 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired from 073

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R.

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Patrick McNamee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Gafney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Mary E McNamee (Address) 848 W Pratt St.

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23rd 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/19 , 1928, to 8/23rd , 1928

that I last saw him alive on 8/23 , 1928

and that death occurred, on the date stated above, at 7.07 m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis Hypertension

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Blood Pressure

(Signed) Chas A Reiter M.D.

Aug 25 1928 (Address) 2105 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | Aug 27 1928 |
| 20 UNDERTAKER | ADDRESS |
| John J Howard & Son | 1 W Madison |

ICEM

Spec.—2-29-23—L. F. S.—500 Blks.

21 (46 5-3 36817

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-09 E 36817

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna May Sauer

(a) RESIDENCE NO. 315 - 6 07 St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | — |

3 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 20, 1928

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 2 | 1 2 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer —

BIRTHPLACE (city or town) Md —
(State or country)

10 NAME OF FATHER John Sauer

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Rose Cauley

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Aug 22, 1928, that I last saw her alive on Aug 22, 1928, and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

pneumonia (lobar)

(duration) ....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. C. Cavalier M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemtry

DATE OF BURIAL Aug 25 1928

20 UNDERTAKER John A. Moran

ADDRESS 3008 E. Baltimore

Cor.—12-9-25—A Co.—200 Bks.

E 36818

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 185 E 36818

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital 24-33 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jonas Talbott. C.

(a) RESIDENCE NO. Marley Neck, A. A. Co. Md. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Married. |

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXXX Liza Talbott. C.

6 DATE OF BIRTH (month, day, and year) July 16, 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 48 | 1 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) Davison Chemical Co.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER Jerry Talbott. C.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Emma Edwards. C.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) A. A. Co. Md.

14 Informant Liza Talbott. C. (wife)

(Address) Marley Neck. A. A. Co. Md.

15 Filed_____, 19_____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.

Accidental fall from a scaffold.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)_____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Hall Emmart (Coroner) M. D.

8/22 19 28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? Davison Chemical Co. Curtis Bay 8/21/28.

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marley Neck Cem. Co. Date of Burial Aug 24 19 28

20 UNDERTAKER J. L. Broiertson ADDRESS

Dec.—2-29-28—L. F. S.—500 Blks.

E 36819

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1001

E 36819

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 1127 REGISTERED NO.

2—FULL NAME Deboris Alvert (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. Berea Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): March 17-1918

AGE: Years 7 Months 5 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country): Berea Md

10 NAME OF FATHER: Chester Oliver

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Laura Gantt

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

Informant: Chester Oliver

(Address) Berea Md

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24/28

17

I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1928, to Aug 24, 1928, that I last saw her alive on Aug 23, 1928, and that death occurred, on the date stated above, at 4 20 A.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

CONTRIBUTORY (Secondary) Malnutrition (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? (duration) Unknown yrs. mos. ds.

Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms only

(Signed) Louis W. Lewis M. D.

19 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oliver Cem DATE OF BURIAL: Aug 31 28

20 UNDERTAKER: Edmund Hemsley ADDRESS 2 Baddley St

pec.—2-29-28—L. F. S.—500 Bks.

E 36820 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36820

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2608 E. Monument St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Bausch

(a) RESIDENCE NO. 2608 E. Monument St. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Bausch

DATE OF BIRTH (month, day, and year) Nov 28, 1866

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 8 | 26 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) Sharp & Dohme

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Conrad Bausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mary Bausch

(Address) 2608 E. Monument St.

Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24/28

17

I HEREBY CERTIFY, That I attended deceased from aug 2, 1928, to aug 27, 1928,

that I last saw h[illegible] alive on aug 24 1928

and that death occurred, on the date stated above, at 2 45 p. m.

The CAUSE OF DEATH* was as follows:

Uremia 2 days -
Chr. nephritis

CONTRIBUTORY (Secondary) artherosclerosis & Impaction (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physician & Microscopic

(Signed) Louis F. Krumen, M. D.

, 19 (Address) 722 N. Kenwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Ken

DATE OF BURIAL 8/27/1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

Spec.—1-12-23—MAT—500 Blks.

Eleanore Tate

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36821

## CERTIFICATE OF DEATH.

9 E 36821

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 944 Mason ST. 11-24 WARD)

2-FULL NAME Eleanore Tate

(a) RESIDENCE NO. 944 Mason ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 27/97

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | — | 11 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo. Edwd Tate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Isabella Catmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Geo E Tate

(Address) 944 Mason St.

15 Filed ..., 19 ...

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1924

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1924 to Aug 23, 1924 that I last saw h alive on Aug 20, 1924 and that death occurred, on the date stated above, at 6.05 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) — yrs. — mos. 21 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. C. Peterson M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem DATE OF BURIAL 8-25 1924

20 UNDERTAKER David Easton ADDRESS 916 Oa ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36822

## CERTIFICATE OF DEATH.

E 36822

1-PLACE OF DEATH

City of BALTIMORE: (No. 1133 Woodyear St., 16 Ward) 16-23

2-FULL NAME Hudson Pinkney

(a) RESIDENCE NO. 1133 Woodyear Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) July 22 - 1927

7 AGE Years 1 Months 1 Days 2 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Howard Pinkney

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Evelyn Adams

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Evelyn Pinkney

(Address) 1133 Woodyear

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an .....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest .....(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) H. C. Smith M. D.

(Coroner) (Address) Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 8-25 1928

20 UNDERTAKER Daniel Forbes ADDRESS 916 ave

Spec.—1-10-21—M&T—1500 Bks.

E 36823 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36823

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hosp. REGISTERED NO. 1754 57

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Line

(a) RESIDENCE NO. Belvedere & Encampment Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Libby Line

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 73 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Hospital (Address)

15 Filed 2-1926, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/23/ 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/19/ , 1928 , to 8/23/ , 1928 , that I last saw HIM alive on 8/23/ , 1928 , and that death occurred, on the date stated above, at 12.15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes, lapsing into Hypoglycemia, & myocardial failure

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary): cardiac failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Urine & Blood

(Signed) Theodore Kohn, M. D.

8/23, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Woods Road — DATE OF BURIAL: 8/26 1928

20 UNDERTAKER: Jack Laurs 1439 E. Balto St — ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 36824 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36824

CERTIFICATE OF DEATH. X 49

1-PLACE OF DEATH

REGISTERED NO. 12532

CITY OF BALTIMORE: (No. Home for Incurables ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Laura P. Norris

(a) RESIDENCE NO. Whitehall, Md ST., WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 7 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Whitehall
(State or country) Balto. Co., Maryland

PARENTS

10 NAME OF FATHER James Norris

11 BIRTHPLACE OF FATHER (city or town) Parkton
(State or country) Balto. Co. Md

12 MAIDEN NAME OF MOTHER Sarah Gosnell

13 BIRTHPLACE OF MOTHER (city or town) New Market
(State or country) Baltimore Co. Md

14 Informant Home for Incurables
(Address) York & Federal Sts

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1928

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to Aug 24, 1928,

that I last saw her alive on Aug 24, 1928,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of soft parts of leg

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) H. H. Mayo —, M. D.

(Address) Aug 24 1928 Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vernon, Md

DATE OF BURIAL Aug 27 1928

20 UNDERTAKER Wm J Tucker & Sons

ADDRESS Mt Washington

Spec.—1-10-21—M&T—1500 Bks.

E 36825

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36825

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zillie Schmuckler

(a) RESIDENCE No. 1708 E. Balto ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Meyer Schmuckler

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE — Years: 62 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Leon Tetrofsky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Eva —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Meyer Schmuckler

(Address): 1708 E Balto St

15 Filed ... 19 ... Registrar

Report

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 24 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 23, 19 28, to Aug 24, 19 28, that I last saw h[er] alive on Aug 24, 19 28, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

10 hrs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio sclerosis and Hypertension (duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1708 E. Balto St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W Cohen, M. D.

, 19 (Address) Doran

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Cem

DATE OF BURIAL: 8/26 19 28

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Balto St

Spec.–7-17-26–A Co.–200 Bks.

E 36826

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 36826

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh MacKenTosh

(a) RESIDENCE NO. 411 Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1 1862

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 66 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Journalist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Toronto

(State or country) Ontario

PARENTS

10 NAME OF FATHER Daniel Mackintosh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Norman MacKintosh

(Address) 411 Park Ave

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/10/28, 19, to 8/25/28, 19, that I last saw him alive on 8/25/28 48, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiovascular Disease

(duration) yrs. 19 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? – Date of –

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Toronto Can — Date of Burial 8/25/28

20 UNDERTAKER Forget & Staley Funeral Chapels — ADDRESS

C. PARSON JONES, M. D.

1928

Spec.—1-10-21—M&T—1500 Bks.

E 36827

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36827

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 512 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar Spatts

(a) RESIDENCE NO. 236 Glen St. Cumberland Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1917

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 11 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) W. Va.
(State or country)

PARENTS

10 NAME OF FATHER Oscar M. Spatts

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Benton, W. Va.

12 MAIDEN NAME OF MOTHER Heiland

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Westernport Md

14

Informant Mrs Bertha Spatts
(Address)

15

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-25 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-22, 1928, to 8-25, 1928,

that I last saw her alive on 8-25, 1928

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Lymphangioma of tongue (Congenital)

(duration) 11 yrs. mos ds.

CONTRIBUTORY (Secondary) Status Lymphaticus and both (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/23/28

Was there an autopsy? Yes.

What test confirmed diagnosis? Enlarged thymus

(Signed) L Clarence Cohn, M. D.

, 19 (Address) 9041 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Keyser West Va | Aug 25 1928 |
| 20 UNDERTAKER | ADDRESS |
| Robert Brooks & Son | Calhoun Hall |

Spec.—1-12-23—M&T—500 Bks.

E 36828

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 49 E 36828

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 W. Mulberry St. ST. 1 WARD)

2-FULL NAME Victor Anthony

(a) RESIDENCE No. 516 W. Mulberry St ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Anthony

6 DATE OF BIRTH (month, day, and year): Aug 16

7 AGE: Years 64; Months; Days 11; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 666

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Anthony

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Carrie Marsaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: L. V. Anthony

(Address): 516 W. Mulberry St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/25 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 20th, 19 28, to Aug 25, 19 28, that I last saw him alive on Aug 24, 19 28, and that death occurred, on the date stated above, at 10 25 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate Gland

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. 3 mos — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 8-24-28

Was there an autopsy? No

What test confirmed diagnosis? Operation & Clinical

(Signed) Gustav Goldmann, M. D.

8 , 19 28 (Address) 656 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York City N Y

DATE OF BURIAL: 8/26 19 28

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 Eutaw St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36829

## CERTIFICATE OF DEATH.

3/ E 36829

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. (or) (WARD) 16-K-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sybel Luckey

(a) RESIDENCE No. 1717 Mosher st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Luckey

6 DATE OF BIRTH (month, day, and year) 1906

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Georgianna Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records

(Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to Aug. 22, 1928, that I last saw her alive on Aug. 22, 1928, and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Henry C Smith, M. D.

8-23-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood [illegible] Co. DATE OF BURIAL 8-25-28 19

20 UNDERTAKER L. L. Brown Son ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

36830

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 36830

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1713 E. Baltimore St., 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Godel Schers

(a) RESIDENCE No. 1713 E Baltimore St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elka Schers

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE — Years: 67 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jacob Schers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Samuel Schers (Address) 3567 Wyndale Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1928, to Aug. 24, 1928, that I last saw him alive on Aug. 24, 1928 and that death occurred, on the date stated above, at 6 30 p. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach and Liver

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Gangrene (Arteriosclerotic Senile)

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam - X-rays

(Signed) Harry Linder, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 8/16 1928

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Baltimore

Cor.—12-9-25—A Co.—200 Hkn.

E 36831

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

202 E 36831

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Bon Secours Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gray S. Corin

(a) RESIDENCE NO. 2411 Baker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 28 1910

7 AGE: Years 17 Months 11 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town): W Va

(State or country)

PARENTS

10 NAME OF FATHER: Clarence Corin

11 BIRTHPLACE OF FATHER (city or town): W Va

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Myers

13 BIRTHPLACE OF MOTHER (city or town): W Va

(State or country)

14 Informant: Clarence Corin

(Address): 2411 Baker

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc

Fracture of Neck

(Duration) yrs. mos. ds.

CONTRIBUTORY Shock

(Secondary)

(Duration) yrs. mos. ds.

July 25 (Signed) Geo E Pades M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morton Cem W Va Date of Burial 8/26 1926

20 UNDERTAKER: Fred Farley Fulton Cayetta ADDRESS

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36832

## CERTIFICATE OF DEATH

90

E 36832

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3629 Hickory Ave ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sue Skurrier

(a) RESIDENCE NO. 3629 Hickory Ave ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 9 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 20-1906

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 21 | 9 | 4 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Fred K. Skurrier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Gertrude Crook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Gertrude K. Skurrier

(Address) 3629 Hickory Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24-1928.

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1927, to Aug 24, 1928 that I last saw h[illegible] alive on Aug. 23, 1928 and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

8/29/28 (Address) 1837 Jenna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug. 27. 1928.

20 UNDERTAKER Horace H. Burgee — ADDRESS 163 Falls Road.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36833

## CERTIFICATE OF DEATH.

161-001

E 36833

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 531 Rose Hill Ter St., 41 Ward)

2-FULL NAME Roberta L Taylor

(a) RESIDENCE NO. 531 Rose Hill Ter St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur S Taylor

6 DATE OF BIRTH (month, day, and year) Nov 4 04

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 23 | 9 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Robert Hogg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Arthur S Taylor

(Address) 531 Rose Hill Terrace

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gas. Poisoning Ill.

Duration yrs. mos. Hrs.

CONTRIBUTORY (Secondary) Asphyxia

Duration yrs. mos. ds.

(Signed) H H Slade M. D.

(Coroner)

25/2 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery Date of Burial Aug 27 1928

20 UNDERTAKER W M Carter ADDRESS 2232 W North

Spec.–7-17-26—A Co.—200 Blks.

Leaman.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36834

## CERTIFICATE OF DEATH

137 E 36834

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hospt St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Bell Leaman

(a) RESIDENCE NO. 842 Hamilton Terrace St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Leaman

6 DATE OF BIRTH (month, day, and year) April 3 1874

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 50 | 4 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster, Ohio

(State or country)

PARENTS

10 NAME OF FATHER Wm Ampaugh

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Eliz. Chessman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ohio

14 Informant Hospt Records

(Address)

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 19 28

17 I HEREBY CERTIFY, That I attended deceased from July 15, 19 28, to Aug 23, 19 28

that I last saw h.. alive on Aug 23, 19 28

and that death occurred, on the date stated above, at 10:55 a. m.

The CAUSE OF DEATH* was as follows:

Lymph Uteri, Cystic Ovaries

Myocarditis

(duration) ? yrs. mes. ds.

CONTRIBUTORY (Secondary) Diabetes + Pulmonary (23 days.) (1 day)

Infant (duration) yrs. mos. ds.

18 Where was disease contracted at home

If not at place of death?

Did an operation precede death? yes Date of 7/18/28

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab + Op

(Signed) Jno A Stagnaro M. D.

2810 (Address) Mt Prospect

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Dowell Ohio 8/26/28

20 UNDERTAKER ADDRESS

Rita Riedefeld 914 Greenmount Ave

Spec.—7-17-26—A Co.—200 Blks.

36835

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

145-001
E 36835

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ethel Turner

(a) RESIDENCE NO. 1635 Clifton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert H. Turner

6 DATE OF BIRTH (month, day, and year) aug 11, 1898

7 AGE Years 30 Months 0 Days 14

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housf.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER John F. Maguire

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Phillips

13 BIRTHPLACE OF MOTHER (City or town) Balto

(State or country) Md.

14 Informant Hospital records.

(Address)

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25, 19 28

17 I HEREBY CERTIFY, That I attended deceased from August 21, 19 28 to August 25, 19 28

that I last saw her alive on 8/25, 19 28

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pregnancy (Ca...)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (Few minutes)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of 8/21/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical test.

(Signed) Thos A Jamieson, M. D.

, 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Aug 28 19 28

20 UNDERTAKER Jos Joerdens Son ADDRESS 2173 Bar...

Prec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36836

## CERTIFICATE OF DEATH.

38 E 36836

REGISTERED NO.

1-PLACE OF DEATH Balto City Hospt

CITY OF BALTIMORE: (No. Balto Md St. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Jones

(a) RESIDENCE NO. 2215 Druid Hill Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | Widower |

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1, 1874

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 5 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Porter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Minnie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Balto City Hospt (Address) Balto Md

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-23 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-18, 1927, to 8-23, 1928

that I last saw h[illegible] alive on 8-23, 1928

and that death occurred, on the date stated above, at 1.00 a. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical and Serological examination

(Signed) Hans [illegible] Forsith, M. D.

8/23/28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cemetery | Aug 27 1928 |
| 20 UNDERTAKER Thomas E. Kelson | ADDRESS 1300 Pennsylvania Ave |

CHAMPION JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

Krach.

E 36837

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 36837.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Mary ann St. 27-42 Ward)

2-FULL NAME Barbara Krach

(a) RESIDENCE NO. 3612 Mary ann St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White. | Widow. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Krach

6 DATE OF BIRTH (month, day, and year) March 18, 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 5 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria Hungary

PARENTS

10 NAME OF FATHER Michael Schmid

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungary

12 MAIDEN NAME OF MOTHER Mary Anschlinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Hungary

14 Informant Mr. Jacob Krach (Address) 3612 Mary ann

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 19 28, to Aug 23, 19 28, that I last saw h[illegible] alive on Aug 23, 19 28, and that death occurred, on the date stated above, at 9:15 m.

The CAUSE OF DEATH* was as follows:

Asphyxiation

Acute Sclerosis

Pneumonia 4 days

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos J. Sellers M. D.

Aug 29, 19 28 (Address) 2919 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Aug 27 1928

20 UNDERTAKER Chas. L. Sellers

ADDRESS 1506 E Fort Ave

Spec.—7-17-26—A Co.—200 Bks.

E36838

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36838. 11

## CERTIFICATE OF DEATH

REGISTERED NO. E 36838

1-PLACE OF DEATH Maryland General Hosp

City of BALTIMORE: (No. Madison + Howard St., 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Augusta Smith

(a) RESIDENCE NO. 2632 Maryland Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 10 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? 69 yrs. 0 mos. 10 ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Smith

6 DATE OF BIRTH (month, day, and year) Aug 14, 1859

7 AGE 69 Years 0 Months 10 Days IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Bradley

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Matilda Jones

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Hospital Record

(Address)

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Aug 24, 1928, that I last saw h alive on Aug 24, 1928, and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis

Chronic appendicitis

Infective arthritis

(duration) 7 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) ....yrs. ....mos. 1 Wk ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 8/23/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. H. Reifschneider, M. D.

8/24, 1928 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Aug. 25th, 1928.

20 UNDERTAKER Steward M Corsen Co. ADDRESS 108 W. North

Spec.—1-12-23—M&T—500 Blks.

E 36839 E 36839

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36839 E 36839

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2900 Garrison ave ST. (5-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie G Laroque.

(a) RESIDENCE NO. 2906 Garrison ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. E. J. Laroque

6 DATE OF BIRTH (month, day, and year): Dec. 26th. 1864

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 63. | 8. | 29 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: James Green.

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Henrietta Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Dr. E. J. Laroque

(Address) 2900 Garrison ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-25- 1928

17 I HEREBY CERTIFY, That I attended deceased from 6/1, 1928, to 8-25- 1928.

that I last saw her alive on 8-24, 1928

and that death occurred, on the date stated above, at 6 a m

The CAUSE OF DEATH* was as follows:

Recurrent Cerebral Haemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Blood Vessels degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin F Schampeck, M. D.

8/25. 1928 (Address) 2806 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 8/27 1928

UNDERTAKER: Chas. R. Mace & Son

ADDRESS: 1180 Mt Royal ave

...-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36840
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

181 E 36840
REGISTERED NO.

City of BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelo Maiocco

(a) RESIDENCE NO. 248 Polaski St. or Bundary Ward

(Usual place of abode)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | single |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 29 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town)
(State or country) Italy

PARENTS

10 NAME OF FATHER Angelo Maiocco

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Gemma Mennitto

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant J. M. Dambrosio
(Address) 244 Balto ave Dundalk

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Immediate Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows: Monoxide Gas Poisoning accident

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) was working in Sewage Works Door Chamber (duration) .....yrs. .....mos. 1 ds.

(Signed) James M. Carlson M. D.
(Coroner)

8/25 19 28 (Address) Port Clare

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? 248 Polaski St or Dundalk

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cemetery Date of Burial Aug 27 1928

20 UNDERTAKER William Cook ADDRESS 502 E Fait

Spec.—1-12-23—M&T—500 Bks.

E 36841 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36841

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH 2110

CITY OF BALTIMORE: (No.) 2110 McCulloh ST. (13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cornelius Davis

(a) RESIDENCE NO. Gaithersburg Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Boy | Colored | Single |

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) April 1-1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 4 | 26 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mabel Wilkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mildred Davis

(Address) 2110 McCulloh St.

Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-27-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26- , 1928 to Aug 27- , 1928 , that I last saw him alive on Aug 26- , 1928 , and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia -

Gastro-intestinal toxemia.

(duration) yrs. mos 2 ds.?

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abram J. Heckman, M. D.

8-27-1928 (Address) 2200 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 8-27 1928

20 UNDERTAKER Dan Easton

ADDRESS 916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

Bulack.

E 36842

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-001 E 36842

REGISTERED NO.

1-PLACE OF DEATH 216 W. Pratt St

City of BALTIMORE: (No. ~~Joseph Bulack & Co.~~ 11 30 Ward)

2-FULL NAME Joseph Bulack

(a) RESIDENCE NO. 216 W. Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE Years: About 65 yrs. Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Army Base.

9 BIRTHPLACE (city or town): Balto.

(State or country)

10 NAME OF FATHER: Jacob Bulack

11 BIRTHPLACE OF FATHER (city or town): ~~Balto~~ Md.

(State or country)

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Poland

PARENTS

14 Informant: Mrs. Kate Day

(Address) 1816 E. 28

15 Filed ....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Sudden (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Aug 25 (Signed) M. D.

, 19 (Coroner)

(Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial Aug. 27 1928

20 UNDERTAKER: Mr. C. Miller & Son ADDRESS 2334 Jefferson St.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36843

## CERTIFICATE OF DEATH.

101-001 E 36843

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 Yale Ave ST. 10-21 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Mc Carthy

(a) RESIDENCE NO. 341 Yale Ave ST. WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel McCarthy

6 DATE OF BIRTH (month, day, and year) Feb 13 1855

7 AGE Years 73 Months 6 Days 11 If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER John McGovern

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mc Garrity

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant John J. Murphy
(Address) 837 Gay St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1928, to Aug 24, 1928, that I last saw h alive on Aug 24, 1928, and that death occurred, on the date stated above at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Influenza Week

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James H Fitzgerald M. D.

8/26, 1928 (Address) 1729 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville

DATE OF BURIAL Aug 27 1928

20 UNDERTAKER Geo A Farley.

ADDRESS Bayard

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36844 — 1-PLACE OF DEATH

113

E 36844 — REGISTERED NO.

City of BALTIMORE: (No. 913 Argyle St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Jordan

(a) RESIDENCE NO. 913 Argyle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): May 28 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 2 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Sam'l Jordan

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Hawkins

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Henrietta Jordan

(Address): 913 Argyle Ave

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) T. B. Lutz M. D.

(Coroner)

Aug 28 1928 (Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Mt Auburn Cem | 8-27 1928 |

20 UNDERTAKER: Dennis Ford & Co

ADDRESS 916

Cor.—12-9-25—A Co.—200 Bks.

E 36845

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

196 E 36845

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Novelty Steam Boiler Work) 24-25 Newport.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Zuechner

(a) RESIDENCE NO. 1321 Cooksie St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 31 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Novelty Steam Boiler Works.

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant C. J. Stevens

(Address) 1501 E. Fort Ave

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electrocuted. Accident.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar Zeller, M. D.

(Coroner)

8/27, 1928 (Address) 2339 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial 8/27 1928

20 UNDERTAKER C. J. Stevens ADDRESS 1501 E Fort Ave

Rec.—2-29-28—L. F. S.—500 Blks.

16808 E 36846

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36846

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 20-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Badanni

(a) RESIDENCE NO. 6045- Payson ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 6/1887

| AGE | 40 Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 8 | 18 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Michael Cremona

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Carmela Penna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Record.

(Address) JOHNS HOPKINS HOSPITAL

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Aug 25, 1928, that I last saw h[illegible] alive on Aug 25, 1928 and that death occurred, on the date stated above, at 9 40 P. m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Thrombosis, left femoral vein. Multiple pulmonary emboli. (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Ventriculography Date of Aug 14, 1928.

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Christopher Johnston, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae Cem.

DATE OF BURIAL Aug 29 1928

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans st.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36847

## CERTIFICATE OF DEATH.

45

E 36847

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1117 W. Longwood St (ST.) 15-61 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Keane

(a) RESIDENCE No. 2312 Longwood (ST.), (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): 4-4-1866

7 AGE: Years 62 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: Chas A Rohmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Helen Thiess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm. H. Keane

(Address) 2312 Longwood St

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Aug 25, 1928, that I last saw h alive on Aug 24, 1928, and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) 2 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Ehrman, M. D.

, 19 (Address) 612 W 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park

DATE OF BURIAL: 8/27 1928

20 UNDERTAKER: H. C. Brannigan Son

ADDRESS 1136 Poplar Grove St

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36848

## CERTIFICATE OF DEATH

45

REGISTERED NO. E 36848

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agatha Jarosinski

(a) RESIDENCE NO. 1609 Shakespeare Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29 - 1868

7 AGE: Years 59 Months 9. Days 26. IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Wojciech Oleskowicz

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Samuel Jarosinski (Address) 1609 Shakespeare Ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25/28

17 I HEREBY CERTIFY, That I attended deceased from 7/17/28, 19..., to 8/25/28, 19...,

that I last saw her alive on 8/25/28, 19...,

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Abdominal Carcinoma (Probably Primary in Colon)

(duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? Clinical

(Signed) J. E. Halstead, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery. Date of Burial: Aug. 29 28

20 UNDERTAKER: George A. Weber. ADDRESS: 2205 Bank St.

Spec.—1-12-23—M&T—500 Bks.

P. Kirschenbaum

E 36849

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36849

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Druid Hill ave ST., 19-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Kirschenbaum

(a) RESIDENCE NO. 2311 Druid Hill ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Morris Kirschenbaum

6 DATE OF BIRTH (month, day, and year): December —

7 AGE: Years 60 | Months — | Days — | If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework (37)

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Morris Kirschenbaum 2311 Druid Hill ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 26 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 13 -, 1928, to Aug - 26, 1928, that I last saw h[illegible] alive on Aug. 26 -, 1928, and that death occurred, on the date stated above, at 3.50 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? General examination

(Signed) Herman Seidel, M. D.

8/26 1928 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mach Pod — DATE OF BURIAL: Aug 27, 28

20 UNDERTAKER: Jack Lewis 1439 E Balto St — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36850

## CERTIFICATE OF DEATH.

22-33 100-001

REGISTERED NO. E 36850

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Conort.

(a) RESIDENCE NO. 709 Light St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of !!---;!!!----

6 DATE OF BIRTH (month, day, and year) December 7, 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 0 | 8 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Conort.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Fannie Crighton.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Fannie Conort. (mother)

(Address) 709 Light St.

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

unknown.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. H. Leonard M. D.

(Coroner)

8/27 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

709 Light St. Aug. 24, 1928

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial Aug 27 1928

20 UNDERTAKER F. C. Krause + Son ADDRESS 103 Hanover St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36851

## CERTIFICATE OF DEATH.

49 E 36851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W. North Ave ST. 13-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph C. Foreman

(a) RESIDENCE NO. 702 W. North Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillie Foreman

6 DATE OF BIRTH (month, day, and year): July 4, 1860

7 AGE: Years 68 | Months 1 | Days 15 | If LESS than 1 day, ..... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Edgewood Arsenal

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Geo. W. Foreman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Clg. Eccleston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Lillie Foreman (Address) 702 W. North Ave.

15 Filed ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from 1/20/28, 19..., to 7/24/28, 19..., that I last saw h alive on 7/25/28, 19..., and that death occurred, on the date stated above, at 9:45 m

The CAUSE OF DEATH* was as follows:

Asthma

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Hyp. Carcinomatosis Urinary System (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

7/27/28 (Address) 5755 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Aug 27 1928

20 UNDERTAKER: F. A. Krause & Son — ADDRESS: 703 Hanover

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36852

## CERTIFICATE OF DEATH.

167-001

E 36852

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1209 Light St. St. 24-33 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances R. Pumphrey.

(a) RESIDENCE NO. 1209 Light St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a If married, (or) WIFE of Addison Pumphrey.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 44 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER Harvey Green.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Swann.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Ella Upton. (sister)

(Address) 6th & Orchard Sts. Brooklyn.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.

Suicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

8/27 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Aug 27 1928

20 UNDERTAKER John F. Penny ADDRESS 715 Light St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 36853

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

74-601 E 36853

1-PLACE OF DEATH

City of BALTIMORE: (No. 449 Pinkney Place St.) 12-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles B. Harrington

(a) Residence No. 449 E. Pinkney Place St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed~~, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Harrington

6-DATE OF BIRTH (month, day and year) Apr 25 1848

7-AGE. 80 yrs. 4 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town). (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Harrington

11-BIRTHPLACE OF FATHER (city or town). (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town). (State or Country), Virginia

14-

(Informant). W. W. Harrington

(Address). 122 N. Patrick St. Alexandria Va

15-

Filed 192 Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 26/28

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1928 to Aug 26 1928.

that I last saw h. alive on Aug 26 1928

and that death occurred, on the date stated above, at 6 12 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Arterial Hypertension

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) L. A. Tally M. D.

, 19 (Address) 35-17 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19- E OF BURIAL, CREMATION OR REMOVAL. Alexandria Va DATE OF BURIAL, Aug 31 19 28

20-UNDERTAKER. John O Mitchell Son ADDRESS 910 Edmondson Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36854

74-001 E 36854

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1532 N. Carey St., 15-21 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie E Poulson

(a) RESIDENCE NO. 1532 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Poulson

6 DATE OF BIRTH (month, day, and year): Nov 10-1883

7 AGE: Years 44 — Months 9 — Days 15 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Easton (State or country): Md

PARENTS

10 NAME OF FATHER: Zachria Glasco

11 BIRTHPLACE OF FATHER (city or town): Easton (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Skipper

13 BIRTHPLACE OF MOTHER (city or town): Easton (State or country): Md

14 Informant: Mildred Cooper (Address): 1532 N. Carey St.

15 Filed....., 19..... Registrar

very important. See instructions on back

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25- 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) .....yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Gluck M. D. (Coroner)

May 25th 1928 (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Aug 27 1928

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS: 3221 Edmondson St

Spec.—1-12-23—M&T—500 Blks.

E 36855

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31

E 36855

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Tyler

(a) RESIDENCE NO. 883 Tyson st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

6a If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1896

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | | | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

10 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Archie Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Josephine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24, 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 19 28, to Aug. 24, 19 28, that I last saw h im alive on Aug. 24, 19 28, and that death occurred, on the date stated above, at 9.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry C Smith M. D.

8-24 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn Cemetery | Aug 27 19 28 |
| 20 UNDERTAKER Mrs. Katie A. Williams | ADDRESS 322 N. Schroeder St |

pec.—1-12-23—M&T—500 Bks.

E 36856

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 36856

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ) ST. Baltimore City Hospitals W. 16 26 WARD)

2-FULL NAME William E. Shipley

(a) RESIDENCE NO. 104 W. Amity st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

6a If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1899

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm. H. Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida E. Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records.

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 19 28

17 I HEREBY CERTIFY, That I attended deceased from June 7, 19 28 to Aug. 22, 19 28,

that I last saw him alive on Aug. 22, 19 28,

and that death occurred, on the date stated above, at 2.55 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith, M. D.

8-22 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Aug 29 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

ec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36857

## CERTIFICATE OF DEATH

X 45

E 36857

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie Walker

(a) RESIDENCE NO. Hanover Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Walker

DATE OF BIRTH (month, day, and year) 1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 - ~~1868~~ | - | - | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Landy Goode

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louisa Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Thomas Walker

(Address) Hanover Md. Anne Arundel Co

Filed ____, 19__ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1928, to Aug 26, 1928

that I last saw h alive on Aug 25, 1928

and that death occurred, on the date stated above, at 7:15 ~~A~~ m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile arteriosclerosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) John W. Sause M. D.

19 (Address) Provident Hos

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Marks Cemetery | 8-27 1928 |
| 20 UNDERTAKER | ADDRESS |
| Eugene Payne | 570 W. Fenton St. |

8-27 1928 HAMILTON JONES, M.

...ec.—2-29-28—L. F. S.—500 Bks.

Sydenham Hospital

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36858

## CERTIFICATE OF DEATH

10-001 E 36858

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (A Sydenham Hospital 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry R. Primrose

(a) RESIDENCE NO. 2426 East Federal ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 19-1924

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 11 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Harry J. Primrose

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna Bietler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Harry J. Primrose

(Address) 2426 East Federal St

Filed ..., 19..., Registrar

### MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) August 26-1928

17

I HEREBY CERTIFY, That I attended deceased from August 26, 1928, to August 26, 1928,

that I last saw him alive on Aug 26, 1928

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Br. Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) H. Sachman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 27 1928

20 UNDERTAKER: William Cook — ADDRESS: 502 E North.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36859

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals St. 16-23 Ward)

REGISTERED NO. 36859

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Chambers

(a) RESIDENCE NO. 1014 W Carroll [illegible] St. SW Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widower |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| about 81 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Common Laborer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Chambers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lizzie Mills

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Anna Chambers

(Address) 1214 Pennsylvania Ave

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation

(Inquest, autopsy or inquiry.)

thereon and, from the evidence obtained by said Investigation

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Exposure to Severe Cold

probably while Insane

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M. Fowlkes M. D.

(Coroner)

Aug 25, 1928 (Address) 700 E Chases

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial Aug 27 1928

20 UNDERTAKER Thomas E Lewson ADDRESS 303 Fremont St

pec.—1-12-23—M&P—500 Blks.

E 36860

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

-31 E 36860

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Baltimore City Hospitals (T.B.) (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius (James) Clark

(a) RESIDENCE NO. 1321 Hull st. ST., WARD

(Usual place of abode).

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Separated |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1896

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain trimmer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Luke Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER M. Kearn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

PARENTS

14 Informant Hospital Records

(Address)

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from August 21, 1928 to August 25, 1928,

that I last saw him alive on August 25, 1928

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry C Smith, M. D.

8-25-28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mary Rose, A.A.Co.

DATE OF BURIAL Aug 28 1928

20 UNDERTAKER Chas. L. Sterne

ADDRESS 1591 W Fayette

Spec.—1-12-23—M&T—500 Blks.

E 36861 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36861

CERTIFICATE OF DEATH. X102

1-PLACE OF DEATH Mt Hope Retreat REGISTERED NO. 2863

CITY OF BALTIMORE: (No. ..... ST. ..... (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dempsey

(a) RESIDENCE NO. Earleigh 1st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas J Dempsey

6 DATE OF BIRTH (month, day, and year): 5/29/1901

7 AGE: Years 27 | Months 2 | Days 26 | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore. Md

PARENTS

10 NAME OF FATHER: John Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown New York

12 MAIDEN NAME OF MOTHER: Cath. Pendergast

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mt Hope Friends (Address): Mt Hope Retreat

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25 1928

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1925, to Aug 25, 1928, that I last saw her alive on Aug 24, 1928, and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows: Pleurisy with Effusion. (No. Tubercle Bacilli Unknown. Studies)

(duration) — yrs. 5 mos 20 ds.

CONTRIBUTORY (Secondary) Senescence Present.

(duration) 0 yrs. — mos — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Aug 23 28

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Newton P. Hill, M. D.

19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Aug 25 1928

20 UNDERTAKER: Margaret L. Flynn — ADDRESS: 1422 Eagle

Spec.—1-12-23—M&T—500 Blks.

E 36862 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36862

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 S Charles ST. 23-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Meyd

(a) RESIDENCE NO. 1109 S Charles ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Meyd

DATE OF BIRTH (month, day, and year) Nov 21st 1856

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 71 | 9 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Francis Meyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mary Meyd

(Address) 1109 S Charles St.

Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26th 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1928, to Aug. 26, 1928,

that I last saw him alive on Aug. 26, 1928

and that death occurred, on the date stated above, at 9 P m

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Natural

(Signed) H. S. Smith, M. D.

Aug 27 1928 (Address) 129 W. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL 8-29 1928

20 UNDERTAKER Carl B. Hartz

ADDRESS 1156 West Pratt St.

HAMILTON JONES M. D.

Spec.—1-12-23—M&T—500 Blks.

E 36863 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36863

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1611 E. 29th St ST., 94 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Naumann

(a) RESIDENCE NO. 1611 E. 29th St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Naumann

6b DATE OF BIRTH (month, day, and year): 2 28 1859

7 AGE — Years: 69 — Months: 5 — Days: 28 — If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Nauman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Naumann (Address) 1611 E. 29th St

15 Filed ....., 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25-1928

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1927, to Aug. 25, 1928, that I last saw him alive on Aug. 25, 1928, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Cancer of Liver

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Erd. F. Zimmerman M. D.

8/25, 1928 (Address) 9858 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 8/28 1928

20 UNDERTAKER: Albert L. Hiltz — ADDRESS: 1606 Chester St

pec.—1-12-23—M&T—500 Bks.

E 36864 E 36864

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH United States Marine Hospital, REGISTERED No. 6732

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 25-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Happoldt

(a) RESIDENCE No. 1302 Curtis Ave., Curtis Bay, ST., WARD
(Usual place of abode) Maryland.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 10/23/1885

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 10 | 3 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deck engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer SS Henry S. Grove

BIRTHPLACE (city or town) Washington, D.C.
(State or country)

10 NAME OF FATHER Daniel J. Happoldt

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Kerr

13 BIRTHPLACE OF MOTHER (city or town) Balto.,
(State or country) Md.

Informant Records, U. S. Marine Hospital,
(Address) Baltimore, Md.

Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 26 1928

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to August 26, 1928, that I last saw him alive on August 26, 1928, and that death occurred, on the date stated above, at 1:10 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, chronic, active.

(duration) -- yrs. 6 mos -- ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On board ship.

Did an operation precede death? no Date of --

Was there an autopsy? no

What test confirmed diagnosis? Clinical and laboratory findings

(Signed) Houston G. Foote, M. D.

, 19 (Address) U. S. Marine Hospital, Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Cem DATE OF BURIAL Aug 30 1928

20 UNDERTAKER E. Leroy Stiffler ADDRESS 125 E. North Ave.

Spec. -7-17-26—A Co.—200 Bks.

E 36865

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 36865

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence E Whipple

(a) RESIDENCE NO. 929 N. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 68(?) | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Miss Henry

(Address) 929 N. Charles St.

15 Filed , 19 Registrar RRH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25/28

17 I HEREBY CERTIFY, That I attended deceased from 8/20/28 19 , to 8/25/28 , 19 .

that I last saw her alive on 8/25/28 , 19

and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis & Hypertension

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead , M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION ~~OR~~ REMOVAL — Date of Burial

Cremation, Loudon Park Aug 27, 1928.

20 UNDERTAKER E. Leroy S tiffler

ADDRESS 125 E. North Ave.

gec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36866 E 36866

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 9

CITY OF BALTIMORE: (No. 2919 E. Monument ST., 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin L. Singer

(a) RESIDENCE NO. 2919 E. Monument ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 5 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 12-1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | — | 5 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Martin L. Singer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Agnes Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Agnes Singer
(Address) 2919 E. Monument

Filed ..... 19 .....
1928 C. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Aug 24, 1928,

that I last saw him alive on Aug 24, 1928

and that death occurred, on the date stated above, at 1 P M m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Whooping cough

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical findings

(Signed) M. N. Cutteriman, M. D.

Aug 27 1928 (Address) 2324 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Most Holy Redeemer Cem. | Aug 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| George W. Zinkler | 1737 E Eager St |

Spec.—1-10-21—M&T—1500 Blks.

E 36867

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

162 E 36867

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. ST., 7-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bobby Rhoten

(a) RESIDENCE NO. Parkton Balto Co Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 23-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | — | — | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Elmer Rhoten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Turnbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Elmer Rhoten

(Address) Parkton-Md

15 Filed 8-28, 19 ARS Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27-1928

17

I HEREBY CERTIFY, That I attended deceased from 8/23, 1928, to 8/27, 1928, that I last saw him alive on 8/27, 1928, and that death occurred, on the date stated above, at 10a. m.

The CAUSE OF DEATH was as follows:

Atelectasis - 2d

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Respiratory failure (duration) yrs. mos. 4hrs ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) E. Hamilton Jones M. D.

. 19 (Address) St. Joseph's Hosp M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hereston, Md DATE OF BURIAL Aug 29 19 28

20 UNDERTAKER Edward A Tipton ADDRESS Hampstead Md

sec.—2-29-28—L. F. S.—500 Bks.

E 36868

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36868

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 E. Baltimore ST. 36-37 160 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Donna May Pardo.

(a) RESIDENCE NO. 3708 E. Baltimore ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | Infant |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

DATE OF BIRTH (month, day, and year) July 17-28

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 8 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER Samuel Pardo.

11 BIRTHPLACE OF FATHER (city or town) Balto. Md
(State or country)

12 MAIDEN NAME OF MOTHER Clara Patterson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

Informant Carrie Bahrenstengel
(Address) 3409 Lenton Ave.

Filed Aug 29, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, to Aug 25, 1928

that I last saw her alive on Aug 24, 1928

and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Allan C. Beecham, M. D.

8-26, 1928 (Address) 3139 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Mary's Hanover | Aug 28, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Ehrenworth Son | 2440 Eastern |

Cor.—12-9-25—A Co.—200 Bks.

E 36869

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

160 E 36869

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St.) (Ward)

2-FULL NAME Helen Baldwin

(a) RESIDENCE NO. 328 W. 29th St. St. 12 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 2, 1927.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 9 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md

(State or country)

PARENTS

10 NAME OF FATHER Marvin Baldwin

11 BIRTHPLACE OF FATHER (city or town) md

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Colburn

13 BIRTHPLACE OF MOTHER (city or town) md.

(State or country)

14 Informant Marvin Baldwin

(Address) 328 W 29th St

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) John J. Morrissey M. D.
(Coroner)

8/28, 1928 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delta Pa. Date of Burial Aug 29 1928

20 UNDERTAKER Chenoweth Bros ADDRESS 3615 Eastern

1928

Spec.—2-20-28—L. F. S.—500 Blks.

E 36870

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36870

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 13-57

CITY OF BALTIMORE: (No. 3605 Cedar Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha H. Kallminzer

(a) RESIDENCE NO. 3605 Cedar Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 3 1921

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 7 | 6 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Andrew Kallminzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Andrew Kallminzer

(Address) 3605 Cedar Ave

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 14th, 1928, to Aug 25th, 1928, that I last saw her alive on Aug 25th, 1928 and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Endocarditis

(duration) yrs. mos. 43 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Joan Drewry, M. D.

8/27, 19 (Address) Salem 3600 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | Aug 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| Rhinowitz Bros | 3611 Oakland Ave |

Spec.—1-12-23—MAT—500 Blks.

E 36871 ✓ E 36871

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 Highland Town

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 123 N. 10 St (ST.) 26-34 (WARD)

2-FULL NAME Henry Cugar Hartley

(a) RESIDENCE NO. 123 N. 10 St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 4 - 1914

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 14 | 4 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER William E Hartley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co.

12 MAIDEN NAME OF MOTHER Ida M. Swanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant William E. Hartley

(Address) 123 N. 10 St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1928

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1923, to Aug 25, 1928, that I last saw h[illegible] alive on Aug 25, 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Mazar, M. D.

8/27, 1928 (Address) 761 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Aug 28, 1928

20 UNDERTAKER A. D. Marshall ADDRESS 2539 Fall Rd

1928 — HAMPSON JONES M D

Spec.—1-12-23—M&T—500 Blks.

E 36872

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Butler

E 36872

## CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Balto City Hosp

CITY OF BALTIMORE; (No. 1 Balto St., 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Butler

(a) RESIDENCE No. 1602 E Monument St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Married |

a If married, widowed, or divorced HUSBAND of or) WIFE of Wilson Butler

DATE OF BIRTH (month, day, and year) 1879

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 49 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Balto City Hosp (Address) Balto Md

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24 19 28

17

I HEREBY CERTIFY, That I attended deceased from 1-3- 19 28, to 5-24 19 28

that I last saw her alive on 5-24 19 28

and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Navy Redmiller M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Aug 27 19 28

20 UNDERTAKER John H. Toadvine

ADDRESS 1021 Round Hill

E. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 36873

# HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 36873

## CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2229 E. Federal St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME CATHERINE BUTLER

(n) RESIDENCE NO. 2229 E. Federal St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Butler

6 DATE OF BIRTH (month, day, and year) April 18, 1864

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 64 | 4 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Ganzemiller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mrs. Mamie Kapriva (Daughter)

(Address) Eastern Ave. and Sewer Road

15 Filed _____, 19____ _____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsies or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ____ yrs. ____ mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. — mos. — ds.

Signed) G C Yates M. D.

(Coroner)

8/27/28, 19 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Aug. 29 1928

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS BALTIMORE ST. & BROADWAY

Spec.—2-29-28—L. F. S.—500 Bks.

7101

E 36874

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

146 E 36874

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 10-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Jones

(a) RESIDENCE NO. 702 N - Shirley ST., St - WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Jones

DATE OF BIRTH (month, day, and year) 1885

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Leonard Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Reads

(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Aug 25, 1928, that I last saw h.r alive on Aug 25, 1928, and that death occurred, on the date stated above, at 10 25 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 14

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Hunter Guthrie, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Asbury Cemetery | Aug. 29 1928 |

20 UNDERTAKER Chas H. Johnson & M. Caroline H.

ADDRESS

pec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36875

## CERTIFICATE OF DEATH.

113 E 36875

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8 S. Bond ST. 3-4 (WARD)

2-FULL NAME Jennie A. Parrish

(a) RESIDENCE No. 8 S. Bond ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan. 22-1928

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | 7 | 4 5- | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Geo. H. Parrish

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Jennie P. Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Geo. H. Parrish

(Address) 8 S. Bond St.

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 26/ 1928, to Aug 27/ 1928, that I last saw h[illegible] alive on Aug 26/ 1928, and that death occurred, on the date stated above, at 5 Lo A. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. L. Eschinger M. D.

, 19 (Address) 1514 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Ashury Cemetery | Aug. 28 28 |
| 20 UNDERTAKER | ADDRESS |
| Chas. H. Johnson | 416 N. Carolina St. |

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36876

## CERTIFICATE OF DEATH.

E 36876

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument ST. Rutland 3-4 (WARD)

2-FULL NAME Lewis Dreyer

(a) RESIDENCE No. 1629 E. Balto ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Celia Dreyer

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 45 | Months — | Days 0 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Furniture

(b) General nature of industry, business, or establishment in which employed (or employer): Polisher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Gordich Dreyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Celia Dreyer

(Address) 1629 E Balto St

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-27 1928

17

I HEREBY CERTIFY, That I attended deceased from August 26, 1928, to Aug 27, 1928, that I last saw h (illegible) alive on Aug 27, 1928, and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ... Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B J Cohen M. D.

8/27, 19... (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cem | DATE OF BURIAL: 8/28 1928

20 UNDERTAKER: Jack Lewis | ADDRESS: 1439 E Balto St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36877

## CERTIFICATE OF DEATH.

90 E 36877

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 E Balto ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pesach Weinblatt

(a) RESIDENCE NO. 1632 E. Balto ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Weinblatt

DATE OF BIRTH (month, day, and year) 1846

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 82 | | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) Goltcheen, Russia (State or country)

10 NAME OF FATHER Enoch

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

Informant E. Pfeldman

(Address) 521 E. Balto

Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 1928

17

I HEREBY CERTIFY, That I attended deceased from July, 1928, to Aug 27, 1928, that I last saw him alive on Aug. 24, 1928, and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular disease (Myocarditis, Mitral Regurg. Arterio-Sclerosis)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam + Laboratory

(Signed) A. T. Ries, M. D.

Aug. 27, 1928 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel

DATE OF BURIAL 8/28 1928

20 UNDERTAKER Jack Lewis 1429 E Balto St

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36878

## CERTIFICATE OF DEATH.

51 E 36878

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 McCulloh ST. 11-24 WARD)

2-FULL NAME Mary Brown

(a) RESIDENCE NO. 912 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 1887

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) N. C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Stevenson

(Address) 912 McCulloh St.

Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-25 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/21, 1928, to 8/25, 1928, that I last saw her alive on 8/25, 1928, and that death occurred, on the date stated above, at 4:10 P.m.

The CAUSE OF DEATH was as follows:

Fatty Heart - Dilated and Pericarditis

(duration) 2 yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Signs & Symptoms

(Signed) James R. Black M. D.

, 19 (Address) 724 Fairmount Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 8/28 1928

20 UNDERTAKER Mrs. Geo. E. Holland

ADDRESS 1631 Druid Hill

pec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36879

## CERTIFICATE OF DEATH

91-002

E 36879

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1015 N. Central Ave ST., 10th (WARD)

2—FULL NAME Barbara Nigl

(a) RESIDENCE NO. 1015 N. Central ave ST., 10 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S., if foreign birth? 62 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed or divorced
HUSBAND of
(or) WIFE of the late Andrew Nigl

DATE OF BIRTH (month, day, and year) May 5 1841

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 87 | 3 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER John Engelhardt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Mrs. Anna M. Fricke

(Address) 1600 N. Bethel St

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1928

17

I HEREBY CERTIFY That I attended deceased from Aug 20th 1928, to Aug 27th 1928, that I last saw h[illegible] alive on Aug 27th 1928 and that death occurred, on the date stated above, at 2.30 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Cannot say definitely

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Tower, M. D.

Aug 27, 1928 (Address) 1501 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Aug. 29 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hoen & Son | 1301 E Eager St |

AUG 29 1928 CAMPION JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36880

## CERTIFICATE OF DEATH.

E 36880

1-PLACE OF DEATH St Agnes Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Estella Bryant

(a) RESIDENCE NO. Odenton, Md. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | white | widow |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Reginald Bryant

DATE OF BIRTH (month, day, and year) 1862

| AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 66 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant (daughter) Mrs. M. Murray
(Address) Odenton Md.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-28 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-26, 1928, to 8-28, 1928, that I last saw h alive on 8-28, 1928 and that death occurred, on the date stated above, at 6 59 a. m.

The CAUSE OF DEATH* was as follows:

gangrenous appendicitis

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) peritonitis

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/26/28

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) Emil Lyman, M. D.

, 19 (Address) 268 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md

DATE OF BURIAL aug 28 1928

20 UNDERTAKER B L Hopping

ADDRESS Annapolis Md.

AUG 29 1928 HARRISON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 36881

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-001

E 36881

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1106 Wagon Alley. St. 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Richardson

(a) RESIDENCE NO. 1106 Wagon Alley, St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Richardson

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1893.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | 6 | 18 | |

8 OCCUPATION OF DECEASED At home.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward Satchel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Grace Guy.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mrs. Grace Milbrey

(Address) 641 N. Schroeder St.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Gilbert, M. D.

(Coroner)

8/27/1928. (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery Date of Burial Aug 29 1928

20 UNDERTAKER Thomas E. Kelson ADDRESS 1393 Pressman St

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36882

## CERTIFICATE OF DEATH.

90 E 36882

REGISTERED NO.

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 3632 Cottage Ave ST. 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bennett Rollins

(a) RESIDENCE NO. 3632 Cottage Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Grace B. Rollins

6 DATE OF BIRTH (month, day, and year) Aug 7 - 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | — | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware

(c) Name of employer Carlin & Fulton Co

9 BIRTHPLACE (city or town) (State or country) St Marys Co. Md

PARENTS

10 NAME OF FATHER Louis N. Rollins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Westmoreland Co. Va

12 MAIDEN NAME OF MOTHER Rosalie Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Harry N. Rogan

(Address) 1820 N. Charles St

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 3. 1928. to Aug. 27. 1928.

that I last saw him alive on Aug 26 1928,

and that death occurred, on the date stated above, at 8-15a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James J. Ashcraft M. D.

Aug 28, 1928 (Address) 1012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Aug 29 1928

UNDERTAKER John B. Spence ADDRESS 1325 N Carlton St

Cor.—12-9-25—A Co.—200 Bks.

Goynes.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36883

## CERTIFICATE OF DEATH.

90 ✓ E 36883

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 W. Saratoga 1427 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Goynes

(a) RESIDENCE NO. 1521 W. Saratoga Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Columbus Goynes

6 DATE OF BIRTH (month, day, and year): March 11 1888

7 AGE: Years 40 Months 2 Days 16 IF LESS than 1 day.....brs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Wm Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER: Sarah Banks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant: Columbus Goynes

(Address) 1521 W. Saratoga

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

Signed) C. E. Grade (Coroner) M. D.

Aug 28 1928 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dorsey Date of Burial Aug 28 1928

20 UNDERTAKER: Samuel Hensley ADDRESS W Balto

Spec.—1-12-23—M&T—500 Bks.

E 36884

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36884

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST.) (WARD) 30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Harry Mertus Crouch

(a) RESIDENCE NO. W. Chesapeake Ave ST., Towson WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married Divorced |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —— Divorced

6 DATE OF BIRTH (month, day, and year) March 23, 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 years | 5 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Auto business

(c) Name of employer Gas and Electric Co.

9 BIRTHPLACE (city or town) (State or country) Chestertown, Md.

PARENTS

10 NAME OF FATHER Samuel Crouch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant Hugh Farmer

(Address) 424 E. Fourth Ave.

15 Filed ..... 19 ..... Registrar

R 1928 HARRISON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 26th 1928

17 I HEREBY CERTIFY, That I attended deceased from August 21st, 19 28 to August 26th, 19 28, that I last saw him alive on August 26, 19 28, and that death occurred, on the date stated above, at 6:35 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. P. Yundry, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkwood Cemetery | Aug 29 1928 |
| 20 UNDERTAKER | ADDRESS |
| Frederick Lasseter Sons | Fullerton |

Spec.—1-10-21—M&T—1500 Blks.

E 36885 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36885

## CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N. Hilton ST. 20-20 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura M Tracy

(a) RESIDENCE NO. 310 N Hilton ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 76 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fredk Tracy

6 DATE OF BIRTH (month, day, and year): May 29 1851

7 AGE: 77 years 76 Months 7 Days 25 If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charles Lapp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Bowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Frederick Tracy
(Address)

15 Filed AUG 28 1928, 19 ..... ISAMAN JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1928

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1927, to Aug 27, 1928, that I last saw h alive on Aug 27, 1928, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) 1 yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? ....

(Signed) Edw F Gruber, M. D.

Aug 26, 1928 (Address) 54 Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 28 1928

20 UNDERTAKER: Clarence L Gremplers — ADDRESS: 503 Scott

Spec.—1-12-23—M&T—500 Blks.

Anna R. H. Miller

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36886

## CERTIFICATE OF DEATH.

E 36886

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2101 Druid Hill Ave ST. 13-54 (WARD) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna R-H. Miller

(a) RESIDENCE NO. 2101 Druid Hill Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | col | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Alex Haley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Emmette Jackson (Address) 2101 Druid Hill Ave

15 Filed AUG 29 1924 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26 1924

17 I HEREBY CERTIFY, That I attended deceased from 1/15 1924 to 8/26 1924

that I last saw h alive on 8/25 1924

and that death occurred, on the date stated above, at 5-A m

The CAUSE OF DEATH* was as follows:

Chr. nephritis & uremia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burt Rhodes M. D.

8/29 1924 (Address) 2134 N. Y. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL Aug 29 1924

20 UNDERTAKER Wm. H. Chase & Son ADDRESS 1400 Mosher

Spec.—1-10-21—MAT—1500 Blks.

E 36887 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36887

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1014 N Payson St. 16-22 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Wright

(a) RESIDENCE No 1014 N Payson ST., ..... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Wright

6 DATE OF BIRTH (month, day, and year) March 29 1846

| 7 AGE | Years | Months | Days 24 | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 4 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Cunnine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Fannie Pickering

(Address) 1014 N Payson st

15 Filed ....., 19 Reg Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1928

17

I HEREBY CERTIFY, That I attended deceased from July 27, 1928, to Aug. 25, 1928,

that I last saw her alive on Aug. 25, 1928,

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ... Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Quinn, M. D.

Aug 25 1928 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Aug 28 1928

UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.—1-10-21—MAT—1500 Blks.

Lizzie Mitchell

E 36888 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36888

## CERTIFICATE OF DEATH.

60-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp ST. (WARD) 14-20

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Mitchell

(a) RESIDENCE NO. 1422 Division ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unk mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: John Mitchell

6 DATE OF BIRTH (month, day, and year): Unk

7 AGE: Years 39 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Hosp. Record.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8-23, 19 28, to 8-27, 19 28, that I last saw h[illegible] alive on 8-27-28, 19, and that death occurred, on the date stated above, at 2:47 P m.

The CAUSE OF DEATH* was as follows:

Toxic Uremia Poisoning

Acute nephritis

Malaria

(duration) yrs. 2 mos 3 ds.

CONTRIBUTORY (Secondary): Pulm Edema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? C. Examination

(Signed) St. Joseph Hosp., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery Baltimore Md.

UNDERTAKER: Lot B. Hale

DATE OF BURIAL: Aug 28th 1928

ADDRESS 113 E. West St

Spec.—1-10-21—M&T—1500 Blks.

E 36889 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36889

CERTIFICATE OF DEATH. 161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST 70-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Mc Creath

(a) RESIDENCE No. 2939 Frederick Ave ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-26-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|---|
| | | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Hugh Mc Creath

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Canada

12 MAIDEN NAME OF MOTHER Drummond

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Canada

14 Informant Mrs Mary Mc Creath

(Address) 2929 Frederick ave

15 Filed ....., 19 .....

..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-26, 1927, to 8-27, 1928

that I last saw her alive on 8-27, 1928

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Prematurity (6 months)

..... (duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? — None

What test confirmed diagnosis?

(Signed) R M Ericson, M. D.

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Aug 28 1928

20 UNDERTAKER John Fields — ADDRESS 1200 N Lexington

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36890 E 36890

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Carroll St. 21-24 ST. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada Mc Kenney

(a) RESIDENCE NO. 707 Carroll St ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 22, 1865

7 AGE — Years: 63 — Months: — Days: 4 — If LESS than 1 day, .... hrs. or .... min.: 3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER John H. McKenney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine

12 MAIDEN NAME OF MOTHER Elyaleth Page

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant: Miss Nellie McKenney
(Address) 707 Carroll St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26/28 19

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Aug. 26, 1928

that I last saw h[illegible] alive on Aug. 24, 1928

and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 4 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Metastatic carcinoma of liver (duration) .... yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of August, 1925

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam of removed tissue

(Signed) Emil Novak M. D.

8/8, 1928 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem'y — DATE OF BURIAL 8/28/28 8/29/28 19

20 UNDERTAKER: Geo Leimlach Sons — ADDRESS 259 W Lexington St

Cor.—12-9-25—A Co.—200 Bks.

E 36891

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36891

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Curtis Bay Bridge. St. 25-77 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua W. Whitmore.

(a) RESIDENCE NO. North Ave. Windsor Terrace St. Woodlawn Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Widower |

5a If ~~XXXXX~~ widowed, ~~XXXXXX~~ HUSBAND of ~~XXXXXXXX~~ Martha Whitmore.

6 DATE OF BIRTH (month, day, and year) October 1, 1861.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 66 | 10 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER Benjamin Whitmore.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah Short.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant [illegible]

(Address) [illegible]

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General bad heart. Probably dead when run over by automobile. Internal Hemorrhage of Thorax & abdomen, laceration of viscera Fracture of 10 ribs right side & 6 ribs left side. (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D. (Coroner)

8/28, 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial Aug. 28 19 28

20 UNDERTAKER Chas. B. Cook ADDRESS 1003 West [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 36892 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36892

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Broadway ST. 15 WARD) 62 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence Genner

(a) RESIDENCE No. 2602 Broadway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 27-1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 10 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Bro. Genner Wolfenning Dr. 220.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1928, to Aug 27, 1928, that I last saw him alive on Aug 27, 1928 and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Charles Brown, M. D.

(Address) 1837 Penna Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem DATE OF BURIAL Aug 30 1928

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Gilmor St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36893

## CERTIFICATE OF DEATH.

× 90 ✓

REGISTERED NO. E 36893

1-PLACE OF DEATH

City of BALTIMORE: (No. 505 W. West St. St. 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lephart. C.

(a) RESIDENCE NO. 505 W. West St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | Colored | Married. |

5a If married, HUSBAND of XXXXXXXXXXXX XXXXXXXX Georgia Lephart. C.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 26 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) South Carolina.

PARENTS

10 NAME OF FATHER Allen Lephart. C.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Georgia Lephart. C. (wife)

(Address) 303 N. Schroeder St.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 23, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. M. Leonard M. D.

(Coroner)

8/27 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion Date of Burial Aug 28 1928

20 UNDERTAKER Joseph A. Lively ADDRESS 1699 Mandeville

pec.—2-29-28—L. F. S.—500 Bks.

36894

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

22 ✓

E 36894

1—PLACE OF DEATH Sydenham Hospital

REGISTERED NO.

15-21

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert West

(a) RESIDENCE NO. 1608 N. Calhoun ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | infant |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 7 1925

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Chas. West.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Marie Stepney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C

Informant Sydenham Hosp records

(Address)

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 - 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-24, 1928, to 8-26, 1928,

that I last saw him alive on 8-26-, 1928.

and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Spinal fluid exam.

(Signed) H. Faehman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Zion ct | Aug 28 1928 |
| 20 UNDERTAKER | ADDRESS |
| I L Brown & Son | 1211 Madison St |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36895

## CERTIFICATE OF DEATH.

40 E 36895

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 W Lombard ST., 18-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Bowers,

(a) RESIDENCE NO. 907 W Lombard ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Bowers

6 DATE OF BIRTH (month, day, and year) Sept 21-1854

| 7 AGE | Years | Months | Days | If LESS than 1 day... hrs or min. |
|---|---|---|---|---|
| | 71 | 11 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Adam Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Bruchey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick, Md

14 Informant Mrs Irene Bowers
(Address) 907 W Lombard St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 " 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/19 - 1928 to 8/27 - 1928 that I last saw h[illegible] alive on 8/27 1928 and that death occurred, on the date stated above, at 1:37 P. m..

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sphygmomometer

(Signed) Chas E Reban M. D.

1928 (Address) 2105 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | Aug 30 1928 |

20 UNDERTAKER John J Cowan & Son ADDRESS 901 Hollins St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36896

## CERTIFICATE OF DEATH.

90 E 36896

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4702 Pimlico road WARD) 27-56

2-FULL NAME Rosa A. Morrissett

(a) RESIDENCE NO. 4702 Pimlico road WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar L. Morrissett

6 DATE OF BIRTH (month, day, and year) Dec 20-1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 8 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Klinefelter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Miss Rosa Morrissett

(Address) 4702 Pimlico road

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, to Aug 26, 1928,

that I last saw her alive on Aug 26 1928,

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Endocarditis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. D. Turner M. D.

Aug 27, 1928 (Address) 4936 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Aug 29 1928

20 UNDERTAKER John Ellrich

ADDRESS 2808 Ereaux

1926 HAMPTON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36897

## CERTIFICATE OF DEATH.

188-203

E 36397

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at the

City of BALTIMORE: (No. South Baltimore General Hospital (Ward) 15-61

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth ~~Kenoth~~ Bailey Lips.

(a) RESIDENCE NO. 2113 Allendale Road. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 10 mos. 29 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 28, 1906

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 21 | 10 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter C. Lips.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elsie M. Bailey.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Walter C. Lips. (father)

(Address) 2113 Allendale Rd.

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 26, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Cervical Vertebra.
Thrown from an automobile by overturn of same. Accidental Death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner)

8/28 19 28 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Road near Stoney Creek. Aug. 26, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. Date of Burial Aug 29 19 28

20 UNDERTAKER Wm. J. Tickner & Sons ADDRESS N. Y. Pa.

Spec.—1-12-23—M&T—500 Blks.

E 36898

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36898

## CERTIFICATE OF DEATH.

+ 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. + 30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Annie Dyson

(a) RESIDENCE NO. Glenburnie, Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Jno. F. Cook

(Address) Glenburnie

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28th 1928

17

I HEREBY CERTIFY, That I attended deceased from August 27th, 1928, to August 28th, 1928, that I last saw h alive on August 27th, 1928, and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Hypertension with granular arteriosclerosis, anasarca, cardiac failure and myocardial insufficiency. (duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

Chronic nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. P. Yeadry, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Ridge | Aug 30 1928 |
| 20 UNDERTAKER | ADDRESS |
| Josiah Tyler | 1600 W. North Ave |

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 36899

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36899

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4916 Reisterstown Road ST.) 47-16 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis X. Gernack.

(a) RESIDENCE. No. 4916 Reisterstown Road ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Margaret Gernack

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1862

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 6 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Louis Gerber

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

11 Informant Mary Mc Intosh (Address) 4916 Reisterstown Road

15 Filed Aug. 27, 19 28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1928, to Aug. 26, 1928, that I last saw him alive on Aug 26, 1928, and that death occurred, on the date stated above, at 12 A m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) John D. Quinn M. D.

(Address) 1501 W. Fulton Ave.

Aug. 27, 28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Leriden Park | Aug. 30 1928 |

20 UNDERTAKER Jesiah Syfer ADDRESS 1600 W. North

Spec.—2-20-28—L. F. S.—500 Bks.

E 36900

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47

E 36900

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1600 Asquith St ST., 9-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Sanders

(a) RESIDENCE NO. 1600 Asquith St ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1868

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 6 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm. Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louise Sanders

(Address) 1600 Asquith St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1928, to Aug 28th, 1928, that I last saw h[illegible] alive on Aug 27th, 1928, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
(with Lung Metastasis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of Operated on some yrs. ago for Breast Cancer

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Rockwood M.D.
for Dr. Standish McCleary

2/29/1928 (Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Balto Cem | 8/31 1928 |
| 20 UNDERTAKER Philip Herwig | ADDRESS 2010 Allons St |

Cor.—12-9-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36901

## CERTIFICATE OF DEATH.

185

E 36901

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 11-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Grimes

(a) RESIDENCE NO. Balt City Hospital St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| about 67 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Probly Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): unknown

(c) Name of employer: unknown

9 BIRTHPLACE (city or town):

(State or country): unknown

PARENTS

10 NAME OF FATHER: Grimes

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

14 Informant

(Address)

15 Filed 19 RPH Registrar

2719

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 19 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture base of Skull & probly Broken Neck by fall down stairs - Hospital accident sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) found dead at foot of stairs

(duration) yrs. mos. ds.

(Signed) James M Hinton M. D.
(Coroner)

8 22 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

AUG 28 1928

AUG 28 1928 C. HAMPSON JONES M.D. UNIVERSITY OF MARYLAND THE MORGUE

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36902

## CERTIFICATE OF DEATH

161-001 V E 36902

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md. General Hospital St. 15-65 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby F. Bressler

(a) RESIDENCE NO. 3925 Dalrymple Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/26/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | | | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.
(State or country)

PARENTS

10 NAME OF FATHER Lamont Bressler

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Balto.

12 MAIDEN NAME OF MOTHER Jennie Gamse

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto.

14 Informant Hospital records.
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
Registrar

1526

2718 RRH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/26/28 19 ..... to 8/27/28 19 .....

that I last saw h[illegible] alive on 8/27/28 19 .....

and that death occurred, on the date stated above, at 5-50 a.m.

The CAUSE OF DEATH* was as follows:

Premature infant
(6 months).

(duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cause unknown

(duration) ....yrs....mos....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Clinical findings

8/27/28 (Signed) Thos. W. Ramsey Cire M. D.
19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

AUG 28 192

Very important! See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36903

## CERTIFICATE OF DEATH

57 E 36903

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3108 Pulaski - ST. 15-61 (WARD)

2—FULL NAME Marie Virginia Pochmark-

(a) RESIDENCE NO. 3108 Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W. | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan. 29 1861

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 6 | 25 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Edward Pochmark-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Doris Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Chas E Pochmark-

(Address) 3108 Pulaski

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29 1928

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1928, to August 29, 1928, that I last saw h[illegible] alive on August 26, 1928 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Endocarditis

Nephritis (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Plumley, M. D.

, 19 (Address) 1734 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cem | Aug 30 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm Cook | 652 E Fayette Ave |

Spec.—1-12-23—M&T—500 Blks.

E 36904 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE—NO. ..... ST. 9-4 (WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Barger

(a) RESIDENCE NO. 1624 & 25th ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | not married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16, 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 79 | 1 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Jacob Barger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Harriett Tyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Record (Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 1-17, 1928, to 8-27, 1928

that I last saw her alive on 8-27, 1928

and that death occurred, on the date stated above, at 6.30A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Black, M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wesley Chapel

DATE OF BURIAL Aug 29 1928

20 UNDERTAKER Wm Cook

ADDRESS 502 E Nat.

Spec.-7-17-26-A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36905

## CERTIFICATE OF DEATH

91-002 E 36905

1-PLACE OF DEATH

City of BALTIMORE: (No. 3032 Edmondson St. 16-70 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matthew J. Cavanaugh

(a) RESIDENCE NO. 3032 Edmondson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Cavanaugh

6 DATE OF BIRTH (month, day, and year) March 19, 1840

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 88 | 5 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 61

(b) General nature of industry, business, or establishment in which employed (or employer) Patrolman

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) Phila, Pa

(State or country)

PARENTS

10 NAME OF FATHER Michael Cavanaugh

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Winifred O'Brien

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Miss Jennie Cavanaugh

(Address) 3032 Edmondson ave.

15 Filed 19

Registrar RRH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 19 28, to Aug 27, 19 28, that I last saw h[illegible] alive on Aug 27, 19 28, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arter. Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell M. D.

8/28. 1928 (Address) 1299 Fillmore N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — Date of Burial Aug. 30 1928

20 UNDERTAKER Margaret G. Flynn — ADDRESS 1442 Light St.

Spec.–7-17-26—A Co.—200 Bks.

E 36906

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 36906

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 737 E. Fort ave St., 1 Ward) 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Knight

(a) RESIDENCE NO. 737 E Fort ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah L. Knight

6 DATE OF BIRTH (month, day, and year): June 4, 1855

7 AGE

| Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.. |
|---|---|---|---|
| 73 | 2 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: George L. Knight

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto, Md

12 MAIDEN NAME OF MOTHER: Francis Foos

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant: Sarah L. Knight

(Address) 737 E Fort ave

15 Filed ..., 19 ...

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): aug 27 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to aug 26, 1928

that I last saw h~~e~~ alive on aug 26, 1928

and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstruction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell, M. D.

aug 27. 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Mt Olivet Cem. | aug. 29 1928 |

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light

Spec.—2-29-28—L. F. S.—500 Blks.

E 36907

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 36907

1—PLACE OF DEATH

REGISTERED NO. 129

CITY OF BALTIMORE: (No. 1714 N. Monroe ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hannah Warmser

(a) RESIDENCE NO. 1714 N. Monroe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth 65 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Sigmund Warmser

DATE OF BIRTH (month, day, and year) July 6, 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 1 | 21 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr. Sigmund Warmser

(Address) 1714 N. Monroe St

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/28.

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1928, to Aug. 27, 1928, that I last saw her alive on Aug 27, 1928 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical & Lab.

(Signed) Isidor S. Fry, M. D.

Aug. 1928 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Friendship Cem. | 8/29/ 1928 |
| 20 UNDERTAKER | ADDRESS |
| Harid Sondheim | 116-20 W. Mt. Royal Ave |

Spec.—2-29-28—L. F. S.—500 Bks.

E 36908

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

101-001 ✓ E 36908

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Shutter ST., 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ivan Elliott

(a) RESIDENCE NO. 922 Shutter ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Elliott

DATE OF BIRTH (month, day, and year): Aug 15 1884

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | | 12 | |

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Long Shoreman

(b) General nature of industry, business, or establishment in which employed (or employer): Unloading Ships

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Pender N. C.

10 NAME OF FATHER: Thomas Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Caroline Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

Informant: R. P. Elliott

(Address): 922 Shutter st.

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 23, 1928

17

I HEREBY CERTIFY, That I attended deceased from 8/13, 19 28, to 8/27, 19 28, that I last saw h[illegible] alive on 8/23, 19 28 and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) J. Clint Cox, M. D.

, 19 (Address) 1110 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fayetteville N. C.

DATE OF BURIAL: Aug 28 1928

20 UNDERTAKER: Mrs R. G. Elliott

ADDRESS: 1725 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36909

## CERTIFICATE OF DEATH

90 E 36909

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Bolton St. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Philippine Sinsz

(a) RESIDENCE NO. 2130 Bolton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 27 1847

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 7 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Nicholas Sinsz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alsace Lorraine France

12 MAIDEN NAME OF MOTHER Magdaline Reitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alsace Lorraine France

Informant Miss Mary E. Kerr

(Address) 2130 Bolton St.

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 26th 1928

17

I HEREBY CERTIFY, That I attended deceased from april 2nd, 1928, to aug 26th, 1928, that I last saw h[illegible] alive on aug 26th, 1928 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 8 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Eugene Douglas, M. D.

aug 27, 1928 (Address) 3043 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cemetery | aug 29 1928 |

20 UNDERTAKER Chas. S. Black ADDRESS 742 W. Fourth ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36910

CERTIFICATE OF DEATH.

177 E 36910

1-PLACE OF DEATH

City of BALTIMORE: (No. 1915 Rosedale St., 15-67 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Conway

(a) RESIDENCE NO. 1915 Rosedale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Oct 28 1898

7 AGE Years 29 Months 10 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn N.Y.

(State or country)

PARENTS

10 NAME OF FATHER Claus Conway

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Dempsey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant Clara Hirschbaugh

(Address) 1915 Rosedale

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said.....

.....(autopsy or inquiry.) find that said deceased came to h... on the day stated above.

The CAUSE OF DEATH* was as follows:

Veronal

(Duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary) Accidental

(Duration) yrs. mos. ds.

(Signed) F. C. Smith M. D.

(Coroner)

(Address) Aug 26th 1928 with Ass't Dunn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial 8/30/28

20 UNDERTAKER George J. Roth ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

(Voorhis)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36911

## CERTIFICATE OF DEATH.

X 129 E 36911

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp ST., 27-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Voorhis

(a) RESIDENCE NO. 6921 Harford Road WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | W. | Widower |

5a ~~Married~~, widowed, ~~divorced~~ HUSBAND of ~~or WIFE of~~ Late Mary Anna Voorhis

6 DATE OF BIRTH (month, day, and year) 4-4-1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 4 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inventor 086

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Wm. Voorhis

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ,,

14 Informant Hosp Record

(Address)

15 Filed , 19 ORR Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 24 , 19 28 , to Aug 27 , 19 28 ,

that I last saw him alive on Aug 27 , 19 28 ,

and that death occurred, on the date stated above, at 10 25 P m.

The CAUSE OF DEATH* was as follows:

Anaemia - 4 Nephritis

~~Bronchopneumonia~~ C.V. Disease

~~Phthisis~~

(duration) 4 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Phlebitis + embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Conrad Zinser, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nyack, New York DATE OF BURIAL 8/28/28

20 UNDERTAKER George J. Ruth G.J.R. ADDRESS 1735 Harford Ave

Spec.—2-29-28—L. F. S.—500 lbs.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36912

## CERTIFICATE OF DEATH

90 E 36912

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1430 N. Bond ST. 8-17 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Boehm

(a) RESIDENCE NO. 1430 N. Bond ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of the Late August Boehm

DATE OF BIRTH (month, day, and year) Dec 3 - 1845

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 82 | 7 8 | 24 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not Known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. E. Boehm

(Address) 1430 N. Bond St

Filed ....., 19 .....

DRH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27/28

17

I HEREBY CERTIFY, That I attended deceased from Aug 23, 19 28 to Aug 27, 19 28

that I last saw h alive on Aug 27 19 28

and that death occurred, on the date stated above, at 9:20 m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic disease of Liver (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L. Davidson, M. D.

, 19 (Address) 1714 N Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | 19 |
| 20 UNDERTAKER | ADDRESS |
| Wm. C. Miller & Son | 2334 Jeffries St |

Spec.—1-12-23—M&T—500 Blks.

E 36913

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36913

## CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2802 Goodwood ST., Rd (WARD) 24th

2-FULL NAME Helen C Busch

(a) RESIDENCE NO. 2802 Goodwood Rd ST.) WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/6/1900

7 AGE — Years: 28 — Months: 0 — Days: 19 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jno Thos Busch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bally Md

12 MAIDEN NAME OF MOTHER Jennie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bards Md.

14 Informant (Address) Mr J T Busch 2802 Goodwood Rd

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26th 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1928, to Aug 25th, 1928, that I last saw h~~e~~ alive on Aug 25th, 1928 and that death occurred, on the date stated above, at 9:30 a in.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Pneumonia Edema

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Faulkner, M. D.

(Address) 119 N. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 8/29 1928

20 UNDERTAKER: J J Fahey & Sons — ADDRESS: 1318 Light St.

over

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 36914 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36914

CERTIFICATE OF DEATH. 113

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6621 (St.) Irvington (Ward) 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy Caulfman Jr.

(a) RESIDENCE. No. 1621 Covington St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) April 1-1924

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 4 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Leroy Caulfman Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna F. Staylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Leroy Caulfman Sr 1621 Covington St

15 Filed . 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Aug 28, 1928, that I last saw him alive on Aug 28, 1928, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Mitchell M. D.

8/28 1928 (Address) 1279 Milburn St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery DATE OF BURIAL 1928

20 UNDERTAKER A. Howard Evans & Son ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 36915

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 36915

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST.) (WARD) or Hunt.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Hirsch

(a) RESIDENCE NO. 2619 Wilkens ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life 67 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Hirsch

6 DATE OF BIRTH (month, day, and year) January 30th 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 7 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER A. C. Hirsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Jane Willey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1927, to Aug. 28, 1928, that I last saw him alive on Aug. 28, 1928, and that death occurred, on the date stated above, at 12.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Ischio-rectal abscess

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C Smith M. D.

8-28 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Aug 30 1928

20 UNDERTAKER H. Weisheit, 850 N. Bacon St — ADDRESS

Spec.—1-10-21—MAT—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36916

## CERTIFICATE OF DEATH.

101-001 E 36916

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St., WARD) 9-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Dorsey.

(a) RESIDENCE NO. Albert City ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. / ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 COLOR OR RACE: B.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Dorsey Unknown

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: 49 — Months: — — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hosp Records

15 Filed , 19 RLyc. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928. to Aug 28, 1928 that I last saw h in alive on Aug 28 1928 and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hydronephrosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) E. Howard Hewlett, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF [illegible] INTERMENT OR REMOVAL: Poplar Grove Cem

DATE OF BURIAL: Aug 31 1928

20 UNDERTAKER: Easton Bros

ADDRESS: Ellicott City

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36917

## CERTIFICATE OF DEATH.

135 E 36917

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Wilkens Ave. ST., 20-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felix McCourt

(a) RESIDENCE No. 1903 Wilkens Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. McCourt

6 DATE OF BIRTH (month, day, and year) May 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 3 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Katie F. Hammond (Daughter)

(Address) 1903 Wilkens Ave.

15 Filed AUG 29 1928 19 C. Hampson Jones, M. D. COMMISSIONER OF HEALTH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 3 19 28 to Aug 27 19 28, that I last saw h... alive on 19, and that death occurred, on the date stated above, at 4.35 A. m.

The CAUSE OF DEATH* was as follows:

Pericarditis Cellulitis

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Senile Decay

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 19

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Jas T Emack, M. D.

8/29, 19 28 (Address) 517 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Aug. 29 19 28

UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

Spec.—1-10-21—M&T—1500 Blks.

E 36918

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp ST. 11-21 WARD)

REGISTERED NO. E 36918

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dudley W. Brandt.

(a) RESIDENCE NO. 1026 Cathedral ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 17 1902

7 AGE: Years 26 Months 2 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Optician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John H Brandt.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mitta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital Records

(Address)

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-21 . 1928. to 8-28- . 1928.

that I last saw h alive on Aug 28 . 1928.

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis Meningitis

CONTRIBUTORY (Secondary) Resp. failure (duration) yrs. mos 1 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Ocean City

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) C. C. Zimmerman M. D.

. 19 (Address) St Joseph

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery DATE OF BURIAL Aug 29 1928

20 UNDERTAKER: A S Marshall ADDRESS 3539 Gall Rd

Spec.-7-17-26—A Co.—200 Blks.

E 36919

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50 ✓ E 36919

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Meagher

(a) RESIDENCE NO. 3422 St. Ambrose Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 2 mos. 18 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary R. Quinlan

6 DATE OF BIRTH (month, day, and year) June 9, 1894

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 2 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. J. Meagher

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Annie Coleman

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Mary R. Meagher

(Address) 3422 St. Ambrose Ave.

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/28

17 I HEREBY CERTIFY, That I attended deceased from 8/16/28, 19..., to 8/27/28, 19..., that I last saw h.. alive on 8/27/28, 19..., and that death occurred, on the date stated above, at 9:45 P.M.

The CAUSE OF DEATH* was as follows:

Osteoma On 7th Cervical Vertebra

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Medullary Edema 9 hrs.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 8/27/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Jos. Winstead M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Druid Ridge Cemetery | 8/31, 1928 |
| 20 UNDERTAKER Henry H. Mears & Son | ADDRESS 805 N. Calvert |

Very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

21647 1

E 36920

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 84 ✓

E 36920

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME G - Elmer Wilbur

(a) RESIDENCE NO. 2540 Post St ST., WARD Jacksonville Fla

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug-28-84

| 8 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | | 5 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt - of

(b) General nature of industry, business, or establishment in which employed (or employer) Schools.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa -

10 NAME OF FATHER George Wilbur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Frederica Hillen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-28-28

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Aug 28, 1928, that I last saw h[illegible] alive on Aug 28, 1928 and that death occurred, on the date stated above, at 4 25 P m.

The CAUSE OF DEATH* was as follows:

Brain tumor, benign

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 27, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Path & Autopsy

(Signed) I. Ridgeway Trimble M. D.

Aug 28 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Jacksonville Fla | Aug 29 19 28 |

20 UNDERTAKER John O Mitchell Sons & Co

ADDRESS 40 E Duval St Jax Fla

Spec.—2-29-28—L. F. S.—500 Blks.

E 36921

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36921

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Walbrook Ave WARD) 15-K

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis Brayden

(a) RESIDENCE NO. 1902 Walbrook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) —

7 AGE: Premature 9 mo

| Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 0 | 0 | 0 | 4 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Chas Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington DC

12 MAIDEN NAME OF MOTHER Gertha Brayden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant

(Address)

Filed 19 RLM Registrar

22510

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Aug 26, 1928, that I last saw h er alive on Aug 26, 1928, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Premature 7 mo.
Birth
Weakness

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H C Grant, M. D.

, 19 (Address) 1915 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36922

## CERTIFICATE OF DEATH.

113 E 36922

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Mont ST., 19-21 WARD)

2-FULL NAME Eugene Charles Thomas

(a) RESIDENCE No. 519 N. Mont ST., WARD.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21, 1918.

7 AGE — Years: — Months: 3 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Robt Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Mary's Co Md

12 MAIDEN NAME OF MOTHER Annie Lenton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Mary's Co Md

14 Informant: Anne Lenton

(Address) 519 N. Mont

15 Filed ....., 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/22 19 24

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 19 24, to Aug 22, 19 24,

that I last saw h alive on Aug 22, 19 24

and that death occurred, on the date stated above, at 5-P m.

The CAUSE OF DEATH* was as follows:

Diarrhea & Enteritis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter McCoy, M. D.

, 19 (Address) 1618 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 8-24 1924

20 UNDERTAKER: C. A. Wright & Son

ADDRESS: 1367 N. Carey st

Spec.—1-12-23—M&T—500 Bks.

E 36923

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 E 36923

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. 14-20 ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Evans

(a) RESIDENCE NO. Hadley Annapolis Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 25/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| — | — | — | — | 1 hrs. or 45 min. |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Henry Evans

11 BIRTHPLACE OF FATHER (city or town) Phila (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Gracie Angden Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co. Va.

14 Informant Wm. Henry Evans

(Address) Hadley Annapolis Md.

15 Filed , 19 RLC Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1928

17

I HEREBY CERTIFY, That I attended deceased from August 25, 1928, to same day, 19, that I last saw him alive on Aug. 25-28, 19 28, and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (Classical Caesarian Section)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? above Date of 8-25-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Earle P. Clemson, M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bur for Women of Md

DATE OF BURIAL , 19

20 UNDERTAKER

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 36924

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-001

E 36924

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) John Hopkins Hosp. St. (or Ward) 9th

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Light Foot Jr.

(a) RESIDENCE NO. 2613 Bloom St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1927

7 AGE — Years: 8 Months: 4 Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Lightfoot

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Lillian Thorton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: John Light Foot

(Address) 2613 Bloom at

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy, or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

Signed: G. C. Rhode M. D.

(Coroner)

Aug 28, 19 (Address) 143 W. Fay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Date of Burial: Aug 29 19 28

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS: 1[illegible] Eastland Ave

Spec.—12-9-25—A Co.—200 Bks.

E 36925

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 36925

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1233 Jefferson St. 5-8 Ward)

2-FULL NAME mary myers

(a) RESIDENCE NO. 1233 Jefferson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | colored | widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

6 DATE OF BIRTH (month, day, and year) unknown 1869

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 59 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Margt Posey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) md

14 Informant mary Deem

(Address) 1223 Jefferson St

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1928

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1928, to Aug 26, 1928, that I last saw h alive on Aug 26, 1928, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) 4 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Interstitial nephritis

Indefinite (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

8-28 1928 (Address) 1612 E. monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion cemt Date of Burial Aug 29 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1125 Eastlandway

NOT A CERTIFIED COPY

E 36926

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113 ✓ E 369

REGISTERED NO. 13-57

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3523 Sweet Air ST., WARD)

FULL NAME Wilmer M. Forsyth

(a) RESIDENCE NO. 3523 Sweet Air ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Dec 4 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | 8 | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child md

General nature of industry, business, or establishment in which employed (or employer)

Name of employer

PLACE (city or town) or country) md

NAME OF FATHER Wm. Forsyth

PLACE OF FATHER (city or town) md
country)

NAME OF MOTHER Edna Phillips

PLACE OF MOTHER (city or town) md
country)

Wm. Forsyth
3523 Sweet Air St.

8-28, 19 28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-28-28

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1928 to Aug 28, 1928, that I last saw him alive on July 28, 1928 and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Aller Colitis

CONTRIBUTORY (Secondary) (duration) yrs. mos. 28 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) A. J. Stavers, M. D.

8-28, 1928 (Address) 8001 W 33rd Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Hampden

DATE OF BURIAL Aug 30, 1928

20 UNDERTAKER Edmondson Bros

ADDRESS 3415 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

See Letter on file from Walter S. Thomas dated 8/31/28

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36927.

## CERTIFICATE OF DEATH.

29 E 36927

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Huntingdon Ave ~~St.~~ 47-51 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Abbott.

(a) RESIDENCE No. 2903 Huntingdon Ave St., WARD
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of R. Abbott

6 DATE OF BIRTH ~~[illegible] about 1887~~

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about 41 42 | | 5 | 13 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Erney

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Bostowick

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant R. Abbott (Husband)
(Address) 2903 Huntingdon Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928, to Aug 28, 1928, that I last saw her alive on Aug 28, 1928, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. ½ mos ..... ds.

CONTRIBUTORY (Secondary) Coma Uraemic

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) J. W. Thomas M. D.

(Address) 1218 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Cem Hampden — DATE OF BURIAL 8/31 1928

20 UNDERTAKER Walter Davis — ADDRESS 3307 Paine St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36928

## CERTIFICATE OF DEATH.

90 E 36928

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (a) Virginia Avenue 1 St., 49th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Smith

(8) RESIDENCE NO. 3648 Old York Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Verna L. Smith.

6 DATE OF BIRTH (month, day, and year) July 26 1879

7 AGE: Years 49. Months 1 Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman for

(b) General nature of industry, business, or establishment in which employed (or employer): U. R. & E. Electric Co.

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Jacob F. Smith.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Margt. A. Brooks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md.

14 Informant: Verna L. Smith (Wife)

(Address) 3648 Old York Road.

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26 1928

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

Contributory (Secondary) Arteriosclerosis

(Signed) John Morrissey M. D.

(Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hill Memorial Cemetery Date of Burial: aug 29 1928

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS 403 S. Wash St

Spec.—2-20-28—L. F. S.—500 Bks.

E 36929

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36929

## CERTIFICATE OF DEATH

129

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hosp ST. 2-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edward S. Kirkley

(a) RESIDENCE NO. 1311 Gorsuch Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna J. Kirkley

7 DATE OF BIRTH (month, day, and year) April 3, 1853

| 8 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 4 | 25 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Himself

10 BIRTHPLACE (city or town) (State or country) Baltimore City

11 NAME OF FATHER Edw. S. Kirkley

12 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

13 MAIDEN NAME OF MOTHER Sarah A. Dent

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co.

15 Informant Edw S Kirkley

(Address) 1311 Gorsuch Ave

16 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28/28

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Aug 28, 1928, that I last saw him alive on Aug 27 1928 and that death occurred, on the date stated above, at 5 55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis —

(duration) yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 8 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical —

(Signed) John S Fahey M. D.

8/29, 1928 (Address) 43 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 8/31/28

20 UNDERTAKER Philip Herwig

ADDRESS 5810 Ashland Av

Spec.—1-12-23—M&T—500 Bks.

E 36930 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36930

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ~~1700 Eastland~~ 4-30 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillian May Triplett,

(a) RESIDENCE NO. Garland, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard E. Triplett,

6 DATE OF BIRTH (month, day, and year) Dec 29 98

7 AGE 29

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 30 | 7 | 29. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas Worley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Colburn.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas H. Knight

(Address) Garland, Md.

15 Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1928. to Aug. 28, 1928.

that I last saw her alive on Aug. 28, 1928.

and that death occurred, on the date stated above, at 5:45 A m.

The CAUSE OF DEATH* was as follows:

Generalized Peritonitis.

Bowels- Pneumonia

entire right lung.

(duration) ... yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 12, 1928.

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Earl F. Limbach M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olive Randallstown Md

DATE OF BURIAL Aug 30 1928

20 UNDERTAKER W. Maurice Rowlson

ADDRESS North Ave & Eutaw Sts.

Cor.—12-9-25—A Co.—200 Bks.

E 36931

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

197 E 36931

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore Geneval Hospital St. Ward) 92-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert James. C.

(a) RESIDENCE NO. 821 Plum Alley. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | Colored | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 30 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 21, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute peritonitis and sepsis following a pistol shot wound of the abdomen. Homicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. E. Leonard M. D.

(Coroner)

8/27, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? in front of 821 Plum Al. Aug. 18, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER

ADDRESS

AUG 29 1928

Very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002 E 36932

## CERTIFICATE OF DEATH

1-PLACE OF DEATH E 36932 REGISTERED NO.

City of BALTIMORE: (No. Mercy Hospital St. 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Jett

(a) RESIDENCE NO. 964 Franklin Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or 50 min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER Norman C. Jett.

11 BIRTHPLACE OF FATHER (City or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Camilla Jett.

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant

(Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/28

17 I HEREBY CERTIFY, That I attended deceased from 8/27/28, 19, to 8/27/28, 19, that I last saw h[illegible] alive on 8/27/28, 19, and that death occurred, on the date stated above, at 8 45 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(From Dystocia) 30 minutes

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Date of -

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. S. Winstead, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER ADDRESS

AUG 2 192[illegible]

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 36933 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH.

109-002 E 36933

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 1621 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Young

(a) RESIDENCE NO. [redacted] ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | Col. | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 33 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Josephine Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant [redacted] (Address) BALTIMORE CITY HOSPITALS

15 Filed . 19 Registrar

2751

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/13, 1928, to 8/26, 1928, that I last saw [redacted] on 8/26, 1928 and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Pneumonia bilateral
Influenza

(duration) [illegible] mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. M. Wech, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

AUG 29 1928

UNIVERSITY OF MARYLAND

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36934 ✓ 31 E 36934

## CERTIFICATE OF DEATH.

E 36934

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (C. H.) WARD) 58

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Foultz

(a) RESIDENCE NO. 108 Colvin st. (Cellar) ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Separated |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Asa Foultz

6 DATE OF BIRTH (month, day, and year) 1894

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 34 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown Ex. Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Va

12 MAIDEN NAME OF MOTHER Unknown Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bee Vaughn

(Address) 2432 Eutaw St.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 26, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1928, to Aug. 26, 1928,

that I last saw her alive on Aug. 26, 1928,

and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Lab.

(Signed) Henry C Smith, M. D.

8-27, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 8/30/28 19

20 UNDERTAKER Garrett Chase Co

ADDRESS AUG 29 1928

Spec.—1-12-23—M&T—500 Bks.

E 36935 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36935

**CERTIFICATE OF DEATH.**

12

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS REGISTERED NO.

CITY OF BALTIMORE: NO. 5-8 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sidley Butler

(a) RESIDENCE NO. 423 No Central ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year)

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John H—

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Landonia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-3, 1928, to 8-27, 1928, that I last saw him alive on 8-27, 1928, and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows: Cystitis and Pyelitis with septicemia; Syphilis of Central Nervous System, Tabes Dorsalis.

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury — DATE OF BURIAL Aug 30 1928

20 UNDERTAKER John W Henderson — ADDRESS 1502 E Monument

29 1928 HAMPSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

E 36936

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113 E 36936

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 839 S. Kenwood St., 1-1 Ward)

2-FULL NAME Alphonse A Edzi

(a) RESIDENCE NO. 839 S. Kenwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Jan 20-1928

7 AGE: Years | Months: 7 | Days: 8 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto

PARENTS

10 NAME OF FATHER: Frank Edzi

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Edzbeska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto

14 Informant: Mrs Mary Edzi

(Address): 839 S Kenwood Ave

15 Filed..... 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28 19 28

17

I HEREBY CERTIFY, That I attended deceased from 8-27 19 28 to 8-28 19 28

that I last saw h alive on 8-28 19 28

and that death occurred, on the date stated above, at 2 00 m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Edward J Kook, M. D.

8/29 1928 (Address) 463 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial Aug 30-28

20 UNDERTAKER: J W Czazewski ADDRESS 1930 Eastern Ave

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 36937

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36937

## CERTIFICATE OF DEATH.

REGISTERED NO. 112

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1408 Butler ST. 14-20 (WARD)

2-FULL NAME Chas Martin

(a) RESIDENCE NO. 1408 Butler ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | col | Widower |

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Alice Martin

6 DATE OF BIRTH (month, day, and year) 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 43 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Funeral Mfr

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jno. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward Weston (Address) 1408 Butler St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27 28

17 I HEREBY CERTIFY, That I attended deceased from August 25, 1928, to August 27, 1928, that I last saw him alive on August 27, 1928, and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

CONTRIBUTORY (Secondary) Chronic Cardiac Valvular (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 1716 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 8-30-1928

20 UNDERTAKER James Carter

ADDRESS 516 Ga Ave

Spec.—1-10-21—M&T—1500 Blks.

(Hannenger)

E 36938

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36938

## CERTIFICATE OF DEATH.

REGISTERED NO. 21-43 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST. WARD)

2-FULL NAME Mary A. Hannenger

(a) RESIDENCE NO. 3928 Sefton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 637

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) " Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " Germany

14 Informant Hospital Records
(Address)

15 Filed ... 28 , 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/26/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 25 , 1928 , to Aug 26 , 1928.

that I last saw her alive on Aug 26 , 1928

and that death occurred, on the date stated above, at 8 PM m.

The CAUSE OF DEATH* was as follows:

Acute Diffuse Cirrhosis
Intoxication

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Anemia & Pulm. Edema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) C. Zimmerman M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 8/30/28 19

20 UNDERTAKER George J Ruth Jr. ADDRESS 1735 Hayes Ave

Spec.—2-29-28—L. F. S.—500 Blks.

216 876 E 36939

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 49 E 36938

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Strayer

(a) RESIDENCE NO. 204 Carlisle ST., York WARD Pa -
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6 DATE OF BIRTH (month, day, and year) 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 54 | 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deputy Sheriff

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Pa -
(State or country)

PARENTS

10 NAME OF FATHER Lewis Strayer

11 BIRTHPLACE OF FATHER (city or town) Pa -
(State or country)

12 MAIDEN NAME OF MOTHER Kathryn Ralph

13 BIRTHPLACE OF MOTHER (city or town) Pa -
(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928, to Aug 29, 1928, that I last saw him alive on Aug 29, 1928, and that death occurred, on the date stated above, at 4 35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa

DATE OF BURIAL Aug 29 1928

20 UNDERTAKER Wm Cook

ADDRESS 21 E North Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36940
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

38 E 36940
REGISTERED NO.

CITY OF BALTIMORE: No. 90 of McCulloh ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Johnson

(a) RESIDENCE. No. 908 McCulloh ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Johnson

6 DATE OF BIRTH (month, day, and year) 10-10-1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 10 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rachel Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joshua Brown
(Address) 90 of McCulloh

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1928

17 I HEREBY CERTIFY, That I attended deceased from July 20 1928, to Aug 27 1928, that I last saw h.. alive on Aug 27 1928, and that death occurred, on the date stated above, at 10:01 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

Pulmonary Tuberculosis (duration) ..... yrs. 18 mos. ..... ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? —— Date of .....

Was there an autopsy? ——

What test confirmed diagnosis? .....

(Signed) Chas E Cox M. D.

19 (Address) 711 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Cem. | Aug 30 1928 |

20 UNDERTAKER John H. Woodward ADDRESS 1027 Lombard

Cor.—12-9-25—A Co.—200 Bks.

Harbourne -

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36941

## CERTIFICATE OF DEATH.

90 E 36941

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2201 Madeira 1-3 Ward)

2-FULL NAME Allan Harbourne

(a) RESIDENCE NO. 220 E Madeira Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mary Harbourne

6 DATE OF BIRTH (month, day, and year): Jan 29 1848

7 AGE: Years 60 Months 6 Days 28

If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Storage Warehouse

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Dalle

PARENTS

10 NAME OF FATHER: John J. Harbourne

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Nickmann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant: Jud Harbourne

(Address): 622 Fayette ave

15 Filed 19 • Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Broncho Pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

29, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem Date of Burial: Aug 30 19 28

20 UNDERTAKER: F. A. Krause & Son ADDRESS: 703 Hanover

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Peter P. Moeller.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36942

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS

45E 36032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-52 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter P. Moeller

(a) RESIDENCE NO. 3333 Fall Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Moeller

6 DATE OF BIRTH (month, day, and year): Aug 13, 1854

7 AGE: Years 74; Months; Days 15; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balto Country Club

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Leonard Moeller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: BALTIMORE CITY HOSPITALS (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 19 28, to Aug 28, 19 28, that I last saw him alive on Aug 28, 19 28, and that death occurred, on the date stated above, at 10.40 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis of Brain

Duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronch. Pneum.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. W. Finch, M. D.

8/28, 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 8/30 1928

UNDERTAKER: William Fiaskowski

ADDRESS: 618 Eastern Ave

Spec. 7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36943

## CERTIFICATE OF DEATH

117 E 36943

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Md Gen Hosp St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Batzer

(a) RESIDENCE NO. 419 S Smallwood St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 (Single), Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 4/10/26

7 AGE: Years 2 Months 4 Days 20 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Emil Batzer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Merkes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant

(Address) Hosp Records

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/29/28 19

17 I HEREBY CERTIFY, That I attended deceased from 8/29/28, 19, to 8/29/28, 19, that I last saw her alive on 8/29/28, 19, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH was as follows:

Appendicitis, peritonitis.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) General peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jno A Gerrigan, M. D.

19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial Aug 31st 19

20 UNDERTAKER Geo L. Schwab ADDRESS 2101 Fred Ave

AUG 30 1928 C. HAMPSON JONES, M. D.

very important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

E 36944

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100-001

E 36944

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 45-75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Thos. B. Norton

(a) RESIDENCE NO. 302 Patapsco ave St. Brooklyn Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace H. Horton

6 DATE OF BIRTH (month, day, and year) Sept 24-1866

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 61 | 11 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Louisburg N. C.

(State or country)

PARENTS

10 NAME OF FATHER dont know

11 BIRTHPLACE OF FATHER (City or town)

(State or country) dont know

12 MAIDEN NAME OF MOTHER Marie Hollingsworth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) dont Know

14 Informant Grace H. Horton

(Address) 302 Patapsco Ave.

15 Filed ..... 19..... Registrar

C. HUMPHREY JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28/28

17 I HEREBY CERTIFY, That I attended deceased from 8/24/28, 19.. to 8/28/28, 19.., that I last saw him alive on 8/28/28, 19.., and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Bromidia Poisoning

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: Aug 31 1928

20 UNDERTAKER: George N. Zinkler ADDRESS: 1737 E. Eager

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36945

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90E 36945

1-PLACE OF DEATH

City of BALTIMORE: (No. 1022 Poplar Grove St. Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Fullem

(a) RESIDENCE NO. 1022 Poplar Grove St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas Fullem

6 DATE OF BIRTH (month, day, and year): Nov 23-1839

7 AGE: Years 89 Months 4 Days 6. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Dallo Md
(State or country)

PARENTS

10 NAME OF FATHER: Martin L. Mayford

11 BIRTHPLACE OF FATHER (city or town): England
(State or country)

12 MAIDEN NAME OF MOTHER: Mary A. Lambert

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Jas E. Fullem
(Address): 1022 Poplar Gro.

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 24 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, find that said deceased came to.....death on the day stated above.
.....(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 6 mos. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) 5 hrs. ..... mos. ..... ds.

(Signed) F. C. Smith M. D.
(Coroner)
(Address) North Ave & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cem. Date of Burial: Sept 1928

20 UNDERTAKER: Wm J Becker Sons ADDRESS: North & Pa

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36946

## CERTIFICATE OF DEATH.

46

E 36946

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Eldamont St. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Bell Kinstler

(a) RESIDENCE No. 1509 Eldamont St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Wm Kinstler

6 DATE OF BIRTH (month, day, and year) Mar. 9, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 5 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fredk Co. Md.

PARENTS

10 NAME OF FATHER Bostain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Darver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Calvin R. Kinstler

(Address) 1509 Eldamont St.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1928, to Aug 29th, 1928, that I last saw her alive on Aug 28th, 1928, and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Cerebri

Feb. 19th (duration) ....yrs. 6 mos. ....ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Curettement. Pathological

(Signed) Amelia Wm. J. Zimmerman, M. D.

, 19 (Address) 1805 W North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Lorraine Cemetery | Aug 31 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm Fleckner Sons. | North & Pa |

Spec.—6-9-19—H. P. Co.—1000 Bks.

36947

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36947

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Brantley ave ST.: 16-26 WARD) REGISTERED NO. 1929

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry L. Boston

(a) RESIDENCE. NO. 1013 Brantley ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE — Years: 59 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Centreville Md

PARENTS

10 NAME OF FATHER: Phillip Boston

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza Simms

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant (Address): Mrs Boston 1013 Brantley Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 19 28, to Aug 27, 19 28, that I last saw h alive on Aug 26, 19 28, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(duration) — yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary): None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Chas Kelly, M. D.

19, 19 (Address) 222 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem DATE OF BURIAL: Aug 29 1928

20 UNDERTAKER: Samuel H Kemp ADDRESS: Balto

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 36948

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36948

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Perkins Ave 816 (St.) (Ward)

2-FULL NAME Howard Nathaniel Matthews

(a) RESIDENCE. No. 816 Perkins Ave (St.) (Ward.)

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Black | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 816 Perkins Ave Balto Md

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Annie Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Annie Matthews (Address) 816 Perkins Ave Balto Md

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1928

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to Aug 28, 1928

that I last saw h alive on Aug 28, 1928

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) 1 yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? symptoms & course

(Signed) Dr. J. J. Hanson, M. D.

Aug 29, 1928 (Address) Dr. J. J. Hanson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Calvary Cemetery | Aug 30 1928 |

20 UNDERTAKER Mc R. Co Elliott ADDRESS 1925 Eastern

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36949

## CERTIFICATE OF DEATH

90 ✓

E 36949

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Guilmont Ave ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie E. Rockhold.

(a) RESIDENCE NO. 718 Guilmont Ave. ST., 10 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow. Isaac Rockhold.

6 DATE OF BIRTH (month, day, and year) March 16, 1847

| 7 AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 81 | 5 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Jarrettsville
(State or country) Harford Co. Maryland.

PARENTS

10 NAME OF FATHER Martin Kuntz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) York Co. Pennsylvania.

12 MAIDEN NAME OF MOTHER Catherine Reed.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Harford Co. Md.

14 Informant Chas. Rockhold.
(Address) 718 Guilmont Ave. Balto.

15 Filed ___ 19 ___ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 19 28, to Aug 29, 19 28, that I last saw h alive on Aug 29, 19 28 and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Heart Disease

(duration) 10 yrs. mos. ds.

CONTRIBUTOR (Secondary) Cardiac Insufficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Welch M. D.

8/30, 19 28 (Address) 936 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebenezer M.E. Cemetery Harford Co.

DATE OF BURIAL 9/1 1928

20 UNDERTAKER E. J. Kuntz & Son.

ADDRESS Jarrettsville Md.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36950

## CERTIFICATE OF DEATH.

146

E 36950

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annetta E. Houck

(a) RESIDENCE NO. 3319 Gwynns Falls Pkway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of F. Gardiner Houck.

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1899.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 28 | 8 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Geo. E. Plitt.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Berger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant F. Gardiner Houck

(Address) 3319 Gwynns Falls Pkway.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Miscarriage.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) General Peritonitis.

(duration) ....yrs. ....mos. ....ds.

(Signed) Eugene Gilbert, M. D.

(Coroner)

8/29 19 28 Address 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. Date of Burial Aug 31 1928

20 UNDERTAKER Harry A. Eblen ADDRESS 1914 W. North Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 E 36951

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1947 N Patterson Pk Ave (ST.) (WARD) 18-16

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thresa Ann Jones

(a) RESIDENCE NO. 1947 N Patterson Pk Ave (ST.) WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 29 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | | | 1 | 9 |

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Francis Joseph Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Alycia Plummer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Mary A Jones

(Address) 1947 N Patterson Park Ave

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1928, to Aug 30, 1928, that I last saw her alive on Aug 29, 1928, and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis neonatorum

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Mother

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs at death

(Signed) Albert Schweikert M. D.

8/30 1928 (Address) 1025 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 8/30 1928

20 UNDERTAKER Wm Cook — ADDRESS 502 E North

Spec.—1-12-23—M&T—500 Blks.

E 36952 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 E 36952

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1947 N. Patterson Pk Ave (ST.) (WARD) 16

2-FULL NAME Mary Agnes Jones.

(a) RESIDENCE No. 1947 N Pattersom Pk Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 29 1928

7 AGE: Years | Months | Days: | If LESS than 1 day, 6 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Francis Joseph Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Alice Hamm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Mary A. Jones

(Address): 1947 N Patterson Pk Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1928 to Aug 29, 1928.

that I last saw her alive on Aug 29, 1928;

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis neonatorum

6½ hours

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mother —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Tenenbaum M. D.

(Address) 2025 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 8/30 1928

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36953

## CERTIFICATE OF DEATH

1928

E 36953

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 129 S Durham St ST., 2-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter Jr Firak

(a) RESIDENCE NO. 129 S Durham Street ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Infant |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29-1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 8 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Walter Firak

11 BIRTHPLACE OF FATHER (city or town) Balto, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Sowa

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.
(State or country)

14

Informant Walter Firak

(Address) 129 S Durham Street

15

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Aug 29, 1928, that I last saw h— alive on Aug 29 p.m., 1928, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Simple —
Marasmus - Heat —

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion —

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J C Brauer, M. D.

. 19 (Address) 125 E Biddle —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Rosary Cem. | Aug 31 1928. |
| 20 UNDERTAKER | ADDRESS |
| George A. Weber | 2205 Bank. |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36954

## CERTIFICATE OF DEATH.

3 ✓

E 36954

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1105 Woodyear Ward) 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona McGowns

(a) RESIDENCE NO 1105 Woodyear Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wesley McGowns

6 DATE OF BIRTH (month, day, and year): Feb 28 1899

7 AGE — Years: 29 — Months: 6 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) Cabin Hd Aug 28 1899

(State or country)

PARENTS

10 NAME OF FATHER: John W Otto

11 BIRTHPLACE OF FATHER (City or town) Cabin Hd

(State or country)

12 MAIDEN NAME OF MOTHER: Annie Gupley

13 BIRTHPLACE OF MOTHER (City or town) Cabin Hd

(State or country)

14 Informant: Mary Otto

(Address) 1105 Woodyear

15 Filed..... 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) on and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

, 19 (Address) North Dr Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Aug 30 1928

20 UNDERTAKER: Thomas E Kelson — ADDRESS: 1303 Pressman St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

21729E 36955 — 59-801 E 36955

## CERTIFICATE OF DEATH

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Powell

(a) RESIDENCE NO. 618 W 29th ST., WARD Norfolk Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1/24/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 7 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Geo. C Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louise White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Aug 29, 1928, that I last saw h.r alive on Aug 29, 1928 and that death occurred, on the date stated above, at 10:55 P m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 29

Was there an autopsy? (Third Ventriculostomy)

What test confirmed diagnosis?

(Signed) J. R. Trumbk M. D.

Aug 29 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Sunbury N. Carolina | Aug. 30 1928 |
| 20 UNDERTAKER Lilly Meiler Inc | ADDRESS 4038 Wolfe St |

JOHNS HOPKINS HOSPITAL
AUG 29 1928
DAWSON JONES M D

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36956

## CERTIFICATE OF DEATH.

24-001 24 E 36956

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 N.Montford Ave. (ST.) 8-16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Hamill

(a) RESIDENCE NO. 1711 N.Montford Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hamill

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 6 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert H. Hamill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine M.Conant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston, Mass.

14 Informant Mrs. Clara Miller (Address) 1711 N.Montford Ave.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1928. to Aug 28. 1928.

that I last saw h alive on Aug 28, 1928,

and that death occurred, on the date stated above, at 11.45p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Parkinson (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No specific tests

(Signed) A.A. Mackenzie M. D.

19 (Address) 340 W. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Aug 30 1928

20 UNDERTAKER John F Demmy — ADDRESS 715 Light St

TION IS very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36957

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36957

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33d & Calvert St) (17 - 41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Edward Cross

(a) RESIDENCE No. Randallstown, Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | infant |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 2 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, — hrs. or — min. |
|---|---|---|---|---|
| | 0 | 3 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. Cross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Naoma Amos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Grandmother
(Address)

15 Filed ..., 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17 I HEREBY CERTIFY, That I attended deceased from August, 1928, to August 29, 1928, that I last saw him alive on August 29, 1928 and that death occurred, on the date stated above, at 8 40 P m

The CAUSE OF DEATH* was as follows:

Meningitis - meningococcus

(duration) yrs. mos 4 1 ds

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lumbar puncture

(Signed) Wallace Swartzwelder M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wards Chapel DATE OF BURIAL Aug 31 1928

20 UNDERTAKER Harry A. Voltz ADDRESS 153 W. Lexington St

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36958 — 36958

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 4-28 WARD)

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Leahy

(a) RESIDENCE NO. 323 South Parrish ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | | 7 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John J. Leahy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mary land

12 MAIDEN NAME OF MOTHER Violet McManus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John J. Leahy
(Address) 323 S. Parrish St.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29 1928

17 I HEREBY CERTIFY, That I attended deceased from August 13, 1928, to August 29, 1928, that I last saw h. in alive on August 29, 1928, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition. Hydro-cephalus
Rhino pharyngitis
Bronchitis
practically since birth
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. K. Gulick, M. D.

8/29, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Aug 31 28

20 UNDERTAKER Harry H. Witzke — ADDRESS 53 W. Lombard

FROM is very important. See instructions on back of certificates.

Spec.--1-10-21--M&T--1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36959

## CERTIFICATE OF DEATH.

49 E 36959

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4809 (ST.) Hazlewood Ave (WARD) 49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herrd Frankbrenger

(a) RESIDENCE No. 4809 (ST.) Hazlewood Ave (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Sept 9 = 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 78 | 11 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER Louis Frankenburger

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margt Babbish

13 BIRTHPLACE OF MOTHER (city or town) Germany

14 Informant Wilhelmina Frankenburger

(Address) 4809 Hazlewood ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Aug 28, 1928, that I last saw h live on Aug 28, 1928, and that death occurred, on the date stated above, at 7.00 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Arteriosclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Bladder

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thomas J Walsh M. D.

19 (Address) 532 E 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Jerusalem Cemetery | Aug 31 1928 |

UNDERTAKER

ADDRESS 1203 N Broadway

Lutz

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Simons ✓

E 36960 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36960

## CERTIFICATE OF DEATH.

15-61 57

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 N. Hilton ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin P. Simons,

(a) RESIDENCE NO. 1601 N. Hilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Simons,

6 DATE OF BIRTH (month, day, and year) December 19, 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | 8 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City, N. Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anna M. Simons (Address) 1601 N. Hilton

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 29 1928 19

17

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Aug 29, 1928, 19...

that I last saw h... alive on Aug 28, 1928, 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D.

..., 19... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL ... 19...

20 UNDERTAKER Robert S. Little — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

36961

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

154-003 E 36961

1-PLACE OF DEATH Union Memorial Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 33d + Calvert ST. S WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Campbell Williams Jr

(a) RESIDENCE NO. Bowie Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 17 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 0 | 1 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Campbell Williams

11 BIRTHPLACE OF FATHER (city or town) Washington (State or country) D. C.

12 MAIDEN NAME OF MOTHER Virginia Parsons

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant (Address) mother Bowie Md

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30 1928

17 I HEREBY CERTIFY, That I attended deceased from August 16, 1928, to August 30, 1928, that I last saw h alive on Aug 30, 1928 and that death occurred, on the date stated above, at 1 05 A m

The CAUSE OF DEATH was as follows:*

Congenital hypertrophic pyloric stenosis

since birth (duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 8/17/28 + 8/21/28

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. K. Swartzwelder M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Trinity Cemetery — DATE OF BURIAL: aug 31 1928

20 UNDERTAKER: Martin Cooke & Son — ADDRESS: 501 E Fayette Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36962 E 36962

## CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals (10-25) ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lindamood

(a) RESIDENCE NO. 213 S. Woodyear st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Lindamood

6 DATE OF BIRTH (month, day, and year) 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Whitfield Lindamood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Lindamood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed 8-30, 19 28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29, 1928

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1927, to Aug. 29, 1928, that I last saw him alive on Aug. 29, 1928 and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhages

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy and clinical

(Signed) Henry C Smith, M. D.

8-30 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Aug 31 1928

20 UNDERTAKER John J Fields ADDRESS 2200 W Lanvale

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36963

## CERTIFICATE OF DEATH.

E 36963

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hospital WARD) 5-15

REGISTERED NO. 100-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Sanders

(a) RESIDENCE No. 104-3rd Ave - Brooklyn Park ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary G. Sanders (deceased)

6 DATE OF BIRTH (month, day, and year) Jan 31, 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 6 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer, Stationary

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer Prudential Oil Corp.

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Geo. Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Hospital Records (Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/29, 1928, to 8/29, 1928, that I last saw him alive on 8/29, 1928, and that death occurred, on the date stated above, at 1:10 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (secondary) Edema (duration) yrs. mos. 4 hrs.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes - 8/29/28

What test confirmed diagnosis? Clinical.

(Signed) F. Peter Waesche, M. D.

8/29 1928 (Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL 9/2 1928

20 UNDERTAKER Phillips Haverig ADDRESS 2016 Eutaw St

TION is very important. See instructions on back of certificates.

Aug 29 1928 Hamilton Jones, M. D.

Spec.—1-12-23—M&T—500 Bks.

See Letter in file 9/13/29. ✓

E 36964

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36964

## CERTIFICATE OF DEATH.

X 118002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U S Marine Hospital ST. 11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank R. Page

(a) RESIDENCE NO. ~~Talbot Co~~ Talbot Co. 1ST. 2nd WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Page

6 DATE OF BIRTH (month, day, and year) Sept 15 1859 ~~Sept 14 1859~~

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | ~~68~~ 69 | 11 | ~~14~~ 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner

(b) General nature of industry, business, or establishment in which employed (or employer) Def. Dept

(c) Name of employer Dorchester Co Md

9 BIRTHPLACE (city or town) Dorchester Co Md (State or country)

PARENTS

10 NAME OF FATHER ? Page

11 BIRTHPLACE OF FATHER (city or town) Cambridge Md (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs Mary Page

(Address) 304 Dorchester Co

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17.

I HEREBY CERTIFY, That I attended deceased from March 29, 1928, to August 29 1928, that I last saw h alive on Aug 29, 1928, and that death occurred, on the date stated above, at 9:20 P. m.,

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) ... yrs. 5 mos ... ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) ... yrs. ... mos. 14 ds.

18 Where was disease contracted if not at place of death? Talbot Md.

Did an operation precede death? yes Date of 3-30-28

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings,

(Signed) C. Hampson Jones M. D.

8-29-1928 (Address) U S Marine Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Highwood Island Md — DATE OF BURIAL Aug 31 1928

20 UNDERTAKER Wm J Jackson Sons — ADDRESS Md

Spec.—2-29-28—L. F. S.—500 Blks.

2E 6342 36965

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36965

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

2—FULL NAME Samuel F Vinelug

(a) RESIDENCE NO. 1424 16 St- N W ST., WARD Washington D C
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/27/07

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 3 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Photographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Archibald Vinelug

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Betty Frankful

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-30-28

17 I HEREBY CERTIFY, That I attended deceased from July 27, 19 28, to Aug 30, 19 28,
that I last saw h.. alive on August 30, 19 28
and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

brain tumor

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Washington DC

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Oskar Diethelm, M. D.

8.30.19 28 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Washington DC | Aug 30 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm Fleckner Sons | Norfolk Va |

Spec.—2-29-28—L. F. S.—500 Blks.

E 36966

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36966

## CERTIFICATE OF DEATH

1—PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. 9-11 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Nelson Stitchcomb

(a) RESIDENCE NO. 33 Carroll St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 27 1922

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 5 | 8 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chestertown Md.

PARENTS

10 NAME OF FATHER Lewin Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Taneytown Md.

12 MAIDEN NAME OF MOTHER Anna Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chestertown Md

14 Informant Sydenham Hosp, records

(Address)

15 Filed ....., 19 .....

HAMPSON JONES, M.D. 1928

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Aug. 30, 1928, that I last saw him alive on August 30, 1928 and that death occurred, on the date stated above, at 9-25 A.m.

The CAUSE OF DEATH* was as follows:

Interior Poliomyelitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Westminster, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) E. L. Sachman, M. D.

, 19 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Taneytown Westminster Md.

DATE OF BURIAL Aug 31 1928

20 UNDERTAKER T. H. Bankard & Son

ADDRESS Westminster

Spec.—1-12-23—M&T—500 Blks.

E 36967 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36967

CERTIFICATE OF DEATH. 185

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital (KATHERINE) ST. 15-61 WARD)

2-FULL NAME Mrs. Katharine Regenia Judge

(a) RESIDENCE NO. 3308 Elgin Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W | Widowed |

5a If married, widowed, or divorced HUSBAND of or) WIFE of John P. Judge

6 DATE OF BIRTH (month, day, and year) Aug. 28, 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 yr | 0 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Mr. John Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Hospital History Catherine Daughter

15 Filed ——, 19 —— Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28, 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/20/28, 19 , to 8/28/28, 19 , that I last saw h alive on 8/28/28, 19 , and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of left femur (Fall)

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Myocardial failure (Shock)

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Samuel P. Lord, M. D.

, 19 (Address) 2316 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 8/31, 1928

20 UNDERTAKER Henry W. Mears & Son — ADDRESS 805 N. Calvert

R 10 1928 (SAMPSON JONES, M. D.)

Spec.—1-10-21—M&T—1500 Blks.

E 36968

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

16-012 36968

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 Reynolds St. 24-35 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora. Demski

(a) RESIDENCE NO. 1423 Reynolds ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day.....hrs. or min. |
|---|---|---|---|---|
| | | 11 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Meeton Demski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Wesnewski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Mary Demski

(Address) 1423 Reynolds

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug. 29 1928

17

I HEREBY CERTIFY, That I attended deceased from aug 28, 1928, to aug 29, 1928, that I last saw h alive on aug 29, 1928 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Dysentery -

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos F. Stevens, M. D.

8/30 19 28 (Address) 2578 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL [redacted] 19

20 UNDERTAKER [redacted]

ADDRESS [redacted]

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36969 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 36969

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 S. Duncan ST., (13 WARD)

2-FULL NAME Rosalie Settmann

(a) RESIDENCE NO. 326 S. Duncan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Settmann

6 DATE OF BIRTH (month, day, and year) June 22, 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 65 | 2 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Winslow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary M. Linn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14

Informant Mrs Lillian Chase

(Address) 326 S. Duncan St

15

Filed ..., 19 ...

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1928

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1928, to Aug. 28, 1928, that I last saw her alive on Aug. 28, 1928 and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis - primary in right breast.

(duration) ... yrs. ? mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No ... Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. D. Lipsey, M. D.

, 19 (Address) 432 Cathedral St. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL First Evangelical Cemetery

DATE OF BURIAL Aug 31 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Broadway & Baltimore Sts.

Spec.—1-12-23—M&T—500 Blks.

E 36970

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36970

## CERTIFICATE OF DEATH.

X 44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes. Hospital (ST.) 7 5-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Joseph Hosley

(a) RESIDENCE NO. Ft. Howard Md. ST. WARD St. Chas. Hall

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Lilian Hosley,

6 DATE OF BIRTH (month, day, and year) August 9. 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56. | 0 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) " Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " Not Known.

14 Informant Mrs Lillian Hosley (Wife)

(Address) Fort Howard Md

15 Filed , 19 RRH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-30 1926

17

I HEREBY CERTIFY, That I attended deceased from 8-17, 1928, to 8-30, 1928,

that I last saw h— alive on 8-30, 1928,

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

Tuberculosis Lungs

Anemia Supervened

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Not Known Unprovided to

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 21, 1928

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Sept 2 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway

Spec.—1-10-21 M&T 1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36971 × 49 E 36971

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Harwood Public Hospital

CITY OF BALTIMORE: (No. 1418 Eutaw Place ST. 14-20 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin L. Wheeler.

(a) RESIDENCE NO. Bradenton Fla. ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W. | S. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1, 1882

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min. |
|---|---|---|---|---|
| | 46 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City) Conn U.S.A.
(State or country)

PARENTS

10 NAME OF FATHER Horace W Wheeler

11 BIRTHPLACE OF FATHER (city or town) Chester Trumbull Conn
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Mallett

13 BIRTHPLACE OF MOTHER (city or town) Trumbull Conn
(State or country)

14 Informant H. A. Schneider
(Address) Shelton Conn

15 Filed ....., 19 ..... RPH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1927 to Aug 30 1928. that I last saw him alive on Aug 30 1928, and that death occurred, on the date stated above, at 5-40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Larynx

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Florida.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Pathological & tissue

(Signed) Prederick Peirce M. D.

Aug 30, 1928 (Address) 1418 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bridgeport Conn — DATE OF BURIAL Aug 31 1928

20 UNDERTAKER L. H. Barton — ADDRESS Glenburnie

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 36972

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

× 148 E 36972

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. University Hospital Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Barrett

(a) Residence No. Rocks, Md St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) March 3, 1911

7-AGE. 17 yrs. 5 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School Girl

(b) General nature of industry, business, or establishment in which employed (or employer). Girl

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Md.

PARENTS.

10-NAME OF FATHER, Joseph Barrett.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Ida Bond.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

14- (Informant) Joseph Barrett (Address) Rocks Md.

15- Filed ....., 192 ..... Registrar.

Instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Aug. 28, 1928.

17- I HEREBY CERTIFY, That I attended deceased from Aug. 28 19 28 to Aug. 28 19 28.

that I last saw h.. alive on Aug. 28 19 28.

and that death occurred, on the date stated above, at 5-15 P.M.

The CAUSE OF DEATH* was as follows:

Eclampsia, Uremia, Convulsions.

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug. 28, 1928.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm A. Smithson M. D

, 19 (Address) Md. University Hosp.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Fairview Md. DATE OF BURIAL. Aug. 31, 1928

20-UNDERTAKER. Thomas E. Kelson ADDRESS 1303 Preston St.

AUG 31 1928 BALTIMORE, MD.

Rec—12-23-21—E.B.R.S.—400 Eks.

E 36973

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

144 E 36973

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. University Hosp St. 19-21 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Louise Williams

(a) Residence No. 302 N. Mount St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred Usual mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham E. Williams

6-DATE OF BIRTH (month, day and year) (unknown) 1888

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, — Turner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Rachel Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Howard Co. Md.

14- (Informant) Raymond Williams (son)
(Address) 1109 W. Lanvale St.

15- Filed 192 R M K Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 28, 1928

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1928 to Aug 28 1928 that I last saw h[illegible] alive on Aug 28 1928 and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Placenta praevia with interna Hemorrhage

(Duration) yrs. — mos. ds

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Vaginal exam

(Signed) Wm A. Smithwick M. D

, 19 (Address) Md. University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Mt Calvary Cem Aug 30 DATE OF BURIAL, 19 28

20-UNDERTAKER Mrs A S Eb[illegible] ADDRESS 1225 [illegible]

Instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36974

## CERTIFICATE OF DEATH.

164 E 36974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3645 Roland Ave ST., 13-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha M. Miller

(a) RESIDENCE NO. 3645 Roland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Miller

6 DATE OF BIRTH (month, day, and year) Feb 16—1841

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 87 | 6 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hartford Co. Md

PARENTS

10 NAME OF FATHER John Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mary Kaylor

(Address) 3645 Roland Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1928, to Aug 29, 1928.

that I last saw her alive on Aug 28, 1928

and that death occurred, on the date stated above, at 3. a. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Edema Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Nathan Winslow, M. D.

, 19 (Address) 1900 Mt Royal Ter.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Pikesville Cemetery | Aug 31, 1928 |
| 20 UNDERTAKER | ADDRESS |
| H. S. Marshall | 3539 Edmondson Ave |

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 36975

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

185 E 36975

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lo Balt Gen Hosp WARD)

2-FULL NAME Frederick D. Michaelis. Fred Michaelis

(a) RESIDENCE No. 2524 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White | Married. |

5a If married, widowed, or divorced ~~HUSBAND of~~ ~~WIFE of~~ Bertha E. Michaelis.

6 DATE OF BIRTH (month, day, and year) September 18, 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 11 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Carsten Michaelis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Doretha Benjes.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Bertha R. Michaelis. (wife)

(Address) 2524 W. Fayette

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1928, to Aug 29, 1928, that I last saw him alive on Aug 29, 1928, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Left Comp. Fracture tibia & fibula (duration) Accident yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? Altoona Beach & Chute

Did an operation precede death? Yes Date of Aug 3, 1928

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) William W. Chase M. D.

, 19 (Address) Lo Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL Sept 1 1928

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son — ADDRESS 801 W. Fayette

TION is very important. Exact statement of OCCUPA- ... plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36976

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36976

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. (Tb.) 2525 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Strohman

(a) RESIDENCE NO. Riverside Road, Brooklyn ST. Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 39 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel Strohman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Waters

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1928, to Aug. 30, 1928,

that I last saw him alive on Aug. 30, 1928

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab., Clinical, Autopsy

(Signed) Henry C. Smith M. D.

8-30 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore County | Sept 3 1928 |
| 20 UNDERTAKER | ADDRESS |
| Jos Joerdens Son | 2178 P... |

FROM IS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 36977

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

111-001

E 36977

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. on my to St Joseph Hospital 4-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Ward

(a) RESIDENCE NO. 660 Cokesbury Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Ward

6 DATE OF BIRTH (month, day, and year) June 17, 1862

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 66 yrs | 2 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer City.

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Timothy Ward

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary O'Neil

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Annie Richards

(Address) 660 Cokesbury Ave

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

Aug 30 28 (Signed) G. C. Yeatter M. D.

(Coroner)

, 19 (Address) 143 W. 13 Ray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemetery Aug 30 1928

20 UNDERTAKER ADDRESS

Edward Franklin 914 E. Eager St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-28—M&T—500 Blks.

E 36978 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 36978

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2817 Winchester ST. (WARD) 16-69

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles K. Brach

(a) RESIDENCE NO. 2817 Winchester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 3, 1916

7 AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 12 | 2 | 27. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Earl Brach.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Claire Tilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mr. Earl C. Brach

(Address) 2817 Winchester St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, to Aug 30, 1928, that I last saw h[illegible] alive on Aug 29, 1928, and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart Disease

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) General Anasarca Pulmonary Edema mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis

(Signed) W. G. Leyer, M. D.

19 (Address) 186 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Ridge Cem | Sept 1 1928 |

20 UNDERTAKER John Ulrich ADDRESS 2008 Orleans.

TION is very important. See instructions on back of certificates.

AUG 31 1928

Spec.-7-17-26—A Co.—200 Blks.

E 36979

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36979

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Gen'l. Hosp. St., W. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy C. Hutchins.

(a) RESIDENCE NO. 644 D16 to St. Highlandtown. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE Mrs. Louis Caul

6 DATE OF BIRTH (month, day, and year) 2-2-1867

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 61 | 6 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmithing

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Clifford Hutchins.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Emma Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant Hospital Records. (Address)

15 Filed ..... 19 ..... Registrar

AUG 31 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 8-30-28

17 I HEREBY CERTIFY, That I attended deceased from Aug. 2, 19 28, to Aug 30, 19 28, that I last saw h. alive on Aug 30, 19 28, and that death occurred, on the date stated above, at 4:50 A. m.

The CAUSE OF DEATH* was as follows:

Ventral Hernia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Myo - Cardatis. Pul. Edema.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of 8-9-28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Thos A Jones M. D.

, 19 (Address) 811 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

Date of Burial Sept 2 1928

20 UNDERTAKER John Ullrich

ADDRESS 25 E Eden St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—13-9-25—A Co.—200 Bks.

E 36980

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

112 E 36980

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1508 N. Gilmor St., 15-21 Ward)

2-FULL NAME Robt. Moore

(a) RESIDENCE NO. 1508 N. Gilmor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): 1871

7 AGE: Years 57 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Walnut Co Md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: George Johnson

(Address) 115 S. Belnont Ave

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 28 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to... death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) ..... yrs. ..... mos. 1 hour

CONTRIBUTORY (Secondary) Error of diet

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Luck M. D.

Aug 29th 28 (Coroner's Address) 2018 Br. Dover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem Date of Burial Aug 31 28

20 UNDERTAKER: Samuel Hunter Belle ADDRESS

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36981

## CERTIFICATE OF DEATH.

E 36981

1-PLACE OF DEATH

City of BALTIMORE: (No. 819 N. Arlington Ave Ward) 16-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Dorsey

(a) RESIDENCE NO. 819 N. Arlington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1851

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 77 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Frank Dorsey

(Address) 819 N. Arlington Ave

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Leech, M. D.

(Coroner)

Aug 29, 19 (Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial Aug 31, 28

20 UNDERTAKER Samuel H Hanley ADDRESS 1826 E Pratt

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 36982

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36982

## CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Mc Chanic Court) (ST. AVE. OR COURT) (WARD)

2-FULL NAME John J. Williams

(a) RESIDENCE No. 826 Mc Chanic Court WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucinda Williams

6 DATE OF BIRTH (month, day, and year): Aug 1st 1841

7 AGE: Years 87 | Months | Days 28 | If LESS than 1 day, hrs or min 29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Lucinda Williams 826 Mc Chanic Court

15 Filed ....., 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 29 1928

17 I HEREBY CERTIFY, That I attended deceased from July 16 1928 to Aug 29, 1928

that I last saw him alive on Aug 29, 1928

and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Not Compute yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden, M. D.

8/31, 1928 (Address) 1216 N. Carolines

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem

DATE OF BURIAL: Aug 31 1928

20 UNDERTAKER: Edmund Stewart Baltimore

ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Blks.

E 36983

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36983

## CERTIFICATE OF DEATH.

188-102

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rufus Mims

(a) RESIDENCE NO. 1214 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Mims

6 DATE OF BIRTH (month, day, and year): June 5 1898

7 AGE: Years 30 Months 2 Days 20 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): S. C.

(State or country)

PARENTS

10 NAME OF FATHER: Lewis Mims

11 BIRTHPLACE OF FATHER (city or town): S. C.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Edith Mims

(Address) 1214 McCulloh St

15 Filed ..... 19 .....

(Registrar)

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis acute

Multiple Fracture

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Shock

(Duration) yrs. mos. ds.

(Signed) H. Preston Poole M. D.

(Coroner)

19 (Address) 1436 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodruff Va Sept 1928

20 UNDERTAKER: Samuel Hunt ADDRESS

Spec.-7-17-26—A Co.—200 Blks.

E 36984

# HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001 E 36984

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1312 Jefferson St. 5-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Berens

(a) RESIDENCE NO. 1312 Jefferson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth 65 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Berens

6 DATE OF BIRTH (month, day, and year) Feb. 6th 1850

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 78 | 6 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wm Berens

(Address) 1312 Jefferson St

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Aug 30, 1928, that I last saw h[illegible] alive on Aug 30, 1928, and that death occurred, on the date stated above, at 5 PM

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY Arteriosclerosis

(Secondary)

(duration) 4 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert L. Green, M. D.

8-31, 1928 (Address) 120 Arsenal St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial 9/1 1928

20 UNDERTAKER: Louis Heemann — ADDRESS 32 S Bway

NOV 1928 C. CAMPION JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—100 Bks.

217310 E 36985

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

146 E 36985

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katie Wise

(a) RESIDENCE NO. 916 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Luke Wise

6 DATE OF BIRTH (month, day, and year) 5/23/97

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 30 | 3 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Alex Ridgell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Aug 29, 1928, that I last saw h[illegible] alive on Aug 29, 1928 and that death occurred, on the date stated above, at 6-5 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia - Post Abortal.

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Curettage Date of About Aug 23

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) [illegible], M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mullen's Church St Marys County

DATE OF BURIAL Sept 2 1928.

20 UNDERTAKER Wendell J Luppel

ADDRESS 308 S Eden St Sept 2. 1928.

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 36986 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36986

CERTIFICATE OF DEATH. 38

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE: (No. ..... ST. 16-31 WARD .....

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Thomas

(a) RESIDENCE NO. 3402 Zone ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Wed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morgwein

6 DATE OF BIRTH (month, day, and year) April 26 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 63 | 4 | 3 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Hanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant ..... BALTIMORE CITY HOSPITALS
(Address) Records

15 Filed ..... AUG 31 1928 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-13, 1928, to 8-29, 1928, that I last saw him alive on 8-29, 1928, and that death occurred, on the date stated above, at 7 30 A. m.

The CAUSE OF DEATH* was as follows:
Aneurysm of Aorta
Transverse Arch, (Ruptured)

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical & Lab

(Signed) ..... M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 8/31 1928

20 UNDERTAKER L. M. Cook — ADDRESS 507 E. Lafayette Ave

THIS is very important See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Blks.

E 36987

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36987

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 N. Carrollton Ave (St.) (WARD) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Bucs

(a) RESIDENCE NO. 311 N. Carrollton Ave St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 15 1910

7 AGE: Years 17 Months 11 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Worked with a

(b) General nature of industry, business, or establishment in which employed (or employer): machine

(c) Name of employer: Voltite Rubber

9 BIRTHPLACE (city or town) (State or country): Calvert Co Maryland

PARENTS

10 NAME OF FATHER: Loyd Bucs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Maryland

12 MAIDEN NAME OF MOTHER: Walter Cann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chesty town Maryland

14 Informant: Loyd Bucs

(Address): 311 N Carrollton

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28 1928

17

I HEREBY CERTIFY, That I attended deceased from June - 27, 1928, to Aug - 28, 1928, that I last saw him alive on Aug - 27, 1928, and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 4 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Dan Trautman M. D.

8/29 1928 (Address) 122 — Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Chapel Calvert Co Md

DATE OF BURIAL: Sept 2 1928

20 UNDERTAKER: Joseph A Lively

ADDRESS: 409 N Mount

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36988

E 36988

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq Hosp St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Hurt

(a) RESIDENCE NO. 1118 Hollins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Martin Hurt

6 DATE OF BIRTH (month, day, and year) unknown 1862

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ohio

PARENTS

10 NAME OF FATHER Geo Bentz

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Marellia Fahey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Mr Charles P. Conway

(Address) Glenhead Long Island N. York

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. (Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows: Cardio Arteriosclerosis Multiple Fractures Fr Amputation left leg

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

Aug 30/28 (Signed) C. C. Hall M. D.

19 (Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Sept 1. 1928.

20 UNDERTAKER John J. Cowan & Son ADDRESS 901 Hollins St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36989

## CERTIFICATE OF DEATH.

90 ✓ E 36989

REGISTERED NO. 2620

1-PLACE OF DEATH

City of BALTIMORE: (No. 434 W. Conway St. Ward) 12-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Violet Gray

(a) RESIDENCE NO. 434 W. Conway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: Negro | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Gray

6 DATE OF BIRTH (month, day, and year): ? ? 1878

7 AGE — Years: 50 | Months: ? | Days: ? | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Laurens County S.C.

PARENTS

10 NAME OF FATHER Alfred Gray

11 BIRTHPLACE OF FATHER (city or town):

(State or country) ?

12 MAIDEN NAME OF MOTHER Susan Gray

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) ?

14 Informant: Pauline Anderson

(Address) 434 W. Conway st

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Aug 29, 1928, that I last saw her alive on Aug 29, 1928, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) .....yrs. 3 mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) Wm H. Watts, M. D.

, 19 (Address) 928 Penna ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodruff S. C. | Date of Burial: 8-31 1928

20 UNDERTAKER: Dant Eastes | ADDRESS 916 Pa ave

Spec.—1-12-23—M&T—500 Blks.

E 36990 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36990

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 17-24 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bruce

(a) RESIDENCE NO. 1008 Shields alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, (Married), Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6 DATE OF BIRTH (month, day, and year) 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 48 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Emrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-29 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-20, 1928, to 8-29, 1928, that I last saw him alive on 8-29, 1928 and that death occurred, on the date stated above, at 8:45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Rt, with Left Hemiplegia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypertention

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Lab

(Signed) R. M. Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 8-31-1928

20 UNDERTAKER Daniel Easton & Co — ADDRESS 916

OCCUPATIONS must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

E 36991

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15 E 36991

1-PLACE OF DEATH

City of BALTIMORE (No. Mercy Hospital St., 21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertrand Quinn

(a) RESIDENCE NO. 300 Beechfield ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 15 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1913

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 14 | 11 | 16 |

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER William J. Quinn

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Helen R. Kolbein

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant William J. Quinn

(Address) 300 Beechfield Ave.

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/30/28

17 I HEREBY CERTIFY, That I attended deceased from 8/27/28, 19..., to 8/30/28, 19..., that I last saw h. alive on 8/30/28, 19..., and that death occurred, on the date stated above, at 1 25 p.m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Right Knee

Carbuncle on Back

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/28/28

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. E. Winstead, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Cathedral Cemetery 9/3 1928

20 UNDERTAKER Henry W. Mears and Son ADDRESS 805 N. Calvert

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36992 E 36992

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument & Wolfe ST. 15-63 57

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Samuel Masil

(a) RESIDENCE NO. 3925 Bell ave ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 25 yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Masil

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE — Years 52 — Months — Days If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rose Masil
(Address) 3925 Bell ave

15 Filed ..... 19 ..... Registrar

AUG 31 1928 HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1928, to Aug. 30, 1928, that I last saw him alive on Aug. 30, 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene of Right Leg

(duration) yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug. 30 1928

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) S. Arthur Linde, M.D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosh Road — DATE OF BURIAL aug 31 19 28

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balt St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36993

## CERTIFICATE OF DEATH.

38 E 36993

1-PLACE OF DEATH Balto City Hospl

CITY OF BALTIMORE: (No. Balto) (ST. Md.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph T Benninger

(a) RESIDENCE NO. 512 S. 12th St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Maggie Benninger

6 DATE OF BIRTH (month, day, and year) Dec 13, 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 8 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospl Balto Md.

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-30-1928

17

I HEREBY CERTIFY, That I attended deceased from 8-13-1927 to 8-30-1928

that I last saw h alive on 8-30-1928

and that death occurred, on the date stated above, at 2.40 P.M.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia General Paralysis of Insane

(duration) 0 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical & Clinical

(Signed) Harry Bennett M.D.

8/30/1928 (Address) Returning City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Sept 1928

20 UNDERTAKER George Smith

ADDRESS 1532 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 31 1928 FRANCIS M. D

Spec. 1-10-21—MAT—1500 Blks.

E 36994

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

57 E 36994

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp ST. 27-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Blanche Pumphrey.

(a) RESIDENCE NO. 6004 Pinehurst Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James L. Pumphrey

6 DATE OF BIRTH (month, day, and year): June 6, 1892

7 AGE: Years 36 Months 2 Days 24 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas B Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth Abell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Hosp - Records.

15 Filed ..., 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Aug 30, 1928, that I last saw h[illegible] alive on Aug 30, 1928, and that death occurred, on the date stated above, at 1:50 P m.

The CAUSE OF DEATH* was as follows:

Infection of face
Diabetes Mellitus.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 8-27-28

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) W B Idrys Childs, M. D.

, 19 St Joseph Hospital Balt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Sept 3 1928

20 UNDERTAKER: George J Smith — ADDRESS: 1532 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 36995

# HEALTH DEPARTMENT—CITY OF BALTIMORE

B 36995

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 Sq Hosp St. 18-29 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morton L Hug

(a) RESIDENCE NO. 1118 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gertrude Hug

6 DATE OF BIRTH (month, day, and year) April 16, 1872

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 56 | 4 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lunch Room

(b) General nature of industry, business, or establishment in which employed (or employer) Keeper

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Morton Hug

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant William Hug

(Address) 1306 N Lombard St

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Dec death on the day stated above.

The CAUSE OF DEATH* was as follows:

Auto Acc

Multiple Fractures Jr Comp. Lt. Leg. R (duration) yrs. mos. 6 hrs

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

Aug 29/28 I saw Deceased M. D.

(Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Sept 1 1928

20 UNDERTAKER George Smith ADDRESS 1132 Hollins

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-29-28—L. P. S.—500 Blks.

216430

E 36996

# HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

## CERTIFICATE OF DEATH

E 36996

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Mane Stewart

(a) RESIDENCE NO. 10 S Durham ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct-8-1927

7 AGE: Years | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jos Sylvestri

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30-1928

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to Aug 30, 1928, that I last saw h.. alive on Aug 30, 1928 and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

pneumonia (lobar)

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L C Goodwin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | 8/31 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Morton McE Hopkins | 318 Cathedral |

important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36997

## CERTIFICATE OF DEATH

5 1 E 36997

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. Gen. Hospital. St. 18-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Stansbury

(a) RESIDENCE NO. 1037 Edmondson Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| 40 | | 10 | 17 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician 54

(b) General nature of industry, business, or establishment in which employed (or employer) Hos. practice.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Francis W.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Kate Pumphrey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Washington, D.C.

14 Informant Hospital Records

(Address)

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug 30, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 19 28, to Aug 30, 19 28.

that I last saw him alive on Aug 30, 19 28.

and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cellulitis of abdomen

Chronic Nephritis (duration) yrs. mos 3 ds.

18 Where was disease contracted

if not at place of death? At home.

Did an operation precede death? Yes Date of 8/22/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy.

(Signed) [illegible] M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

Date of Burial Aug 31-28

20 UNDERTAKER Josiah Leyton

ADDRESS 1600 W Lanvale

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 31 1928

Spec.—2-29-28—L. F. S.—500 Blks.

E 36998

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 36998

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1821 N Milton Ave ST. 1-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wilhelmine Ahlfeldt

(a) RESIDENCE NO. 1821 N Milton av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if foreign birth? 33 yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
(or) WIFE of Fr. Carl Wilhelm Ahlfeldt.

6 DATE OF BIRTH (month, day, and year) February 12 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 6 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

t0 NAME OF FATHER Mr. Krumbein

t1 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

t2 MAIDEN NAME OF MOTHER Not Known

t3 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

t4 Informant Mr. Ahlfeldt.
(Address) 1821 N Milton Ave

t5 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1928, to Aug 30, 1928, that I last saw her alive on Aug 30, 1928 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis
Arterial hypertension

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 11 ds.

t8 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Dempkey M. D.

8/31, 1928 (Address) 2025 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | Sept 1 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hoeck & Son | 1301 E Eager St |

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 36999 ~~37000~~

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

7400 E 36999

1—PLACE OF DEATH

REGISTERED NO. 8-17

CITY OF BALTIMORE: (No. 1336 N. Broadway St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louisa Phillman

(a) RESIDENCE NO. 1336 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. — mos. — ds. How long in U. S., if foreign birth ~~Life~~ yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Bernard Phillman

6 DATE OF BIRTH (month, day, and year) Not Stated

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 84 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Schultheis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Dierkes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Phillman

(Address) 1336 N. Broadway

15 Filed ....., 19.. ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Aug 30, 1928, that I last saw her alive on Aug 30, 1928 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ONE ds.

CONTRIBUTORY (Secondary) Chronic nephritis (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home & Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) C. C. Mackenzie M. D.

Aug 30, 1928 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Sept. 3 1928 |
| **20 UNDERTAKER** | **ADDRESS** |
| Henry Hoen & Son | 1801 E Eager St |

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

217 E 67000

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

38 E 37000

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 5-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Sampson

(a) RESIDENCE NO. 214 N Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-20-27

7 AGE — Years | Months: 4 weeks | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Nathaniel Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Elizabeth Sampson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Friend

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26-1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 23, 1928, to Aug 26, 1928, that I last saw h.. alive on Aug 26, 1928, and that death occurred, on the date stated above, at 9 45 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Uremic)

CONTRIBUTORY (Secondary) (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? State Anatomical

What test confirmed diagnosis?

(Signed) H. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 blks.

E 37007

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37001

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 16-27 WARD) 161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hanke Braxton

(a) RESIDENCE NO. 509 N. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | black | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/3/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | | 3 weeks. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Marie Gillison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25-28

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Aug 25, 1928

that I last saw him alive on Aug 25, 1928

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ....yrs. ....mos. 29 ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ....

Was there an autopsy? Yes

What test confirmed diagnosis? ....

(Signed) J. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ....., 19

20 UNDERTAKER Commissioner of Health.

ADDRESS

mation should be carefully supplied. Age should be stated in years, months and days. Exact statement of OCCUPATION is important. See instructions on back of certificates.

30'

2762

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37002 E 37002

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Johns Hopkins Hospital

REGISTERED NO. 1613

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST., WARD)

2-FULL NAME Baby of Emily Boyd

(a) RESIDENCE NO. 928 Rutland Av ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Bl

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 28 28

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 hours | | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER August Boyd.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emily Tillyson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mother

(Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to , 19 , that I last saw her alive on , 19 , and that death occurred, on the date stated above, at 4.30 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. M. Hartman, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

HAMPSON JONES, M.D. Commissioner of Health.

AUG 31 1928

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2168 43
E 37003

# HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 37003

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 10-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Mary Young

(a) RESIDENCE NO. 642 Ashland Ave ST., ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | black | Single |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) July 5, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 2 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

2760 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928 to Aug 25, 1928

that I last saw h.. alive on Aug 25, 1928

and that death occurred, on the date stated above, at 2 15 a m.

The CAUSE OF DEATH* was as follows:

Congenital syphilis

..... (duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) pneumonia

..... (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Wassermann

(Signed) C. C. Faegtwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL ..... 19

20 UNDERTAKER .....

ADDRESS .....

JOHNS HOPKINS HOSPITAL
C. SAMPSON JONES, M. D.
Commissioner of Health.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 lbs.

E 37004 — HEALTH DEPARTMENT—CITY OF BALTIMORE — 161 — E 37004

# CERTIFICATE OF DEATH.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital ST., 2-E WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Sweeny

(a) RESIDENCE NO. Union Hospital ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/26/28

7 AGE — Years — Months — Days — If LESS than 1 day, 13 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Edward

11 BIRTHPLACE OF FATHER (city or town) Dead (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rhyphet Kane

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

14 Informant (Address)

15 Filed ....., 19 ..... 2756 RA Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-28 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8-1 [illegible] 19 28 to 8-28 19 28, that I last saw h[illegible] alive on 8-28 19 28, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prematurity

Collapse

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Samuel J. Kopetzky, M. D.

....., 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL ..... 19

20 UNDERTAKER Commissioner Health — ADDRESS .....

Spec.—2-29-28—L. F. S.—500 Blks.

E 37005 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-001 E 37005

# CERTIFICATE OF DEATH

1—PLACE OF DEATH Madison Ave & Bloom sts REGISTERED NO.

CITY OF BALTIMORE: (No. Belleview-Manchester Apts ST., 3 14-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophie Gold

(a) RESIDENCE NO. Belleview-Manchester Apts ST., 3 A. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Sept. 16th. 1845

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 11 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Abraham Gold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babette Hutzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Samuel Gold

(Address) Belleview-Manchester Apts.

15 Filed ----------, 19 ---------- Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30th. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1928, to Aug 30, 1928, that I last saw h-- alive on Aug 30, 1928 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arteri-sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lentz, M. D.

Aug 31, 1928 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Har Sinai Cemetery | 9/2/ 1928 |

20 UNDERTAKER David Sondheim ADDRESS 118-20 W. Mt. Royal Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E. 37006

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

161-09 E 37006

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 3410 Belair Rd. (St.) (WARD) 27-45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elnora Chelton

(a) RESIDENCE. No. 3410 Belair Rd. St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of "

6 DATE OF BIRTH (month, day, and year) Aug 27-1928

7 AGE Years Months Days 4

If LESS than 1 day, hrs. or min. 5h

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) " 00

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Frederick Chelton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Cora E. Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Frederick Chelton
(Address) 3410 Blair Road

15 Filed ... 19 ... Registrar

C. MARSHALL JONES, M. D.
AUG 31 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 27. 1928. to Aug 31. 1928.

that I last saw him alive on " 30. 1928.

and that death occurred, on the date stated above, at 5309 m.

The CAUSE OF DEATH* was as follows:

Premature Birth 6 Seven + half month

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Dean, M. D.

8/30. 1928 (Address) 3707 Gaither Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cemetery | Aug 31 1928 |

20 UNDERTAKER ADDRESS

Jno C. Miller & Son 233 Dolphin St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37007

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37007

## CERTIFICATE OF DEATH.

1113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Portugal St. 2-4 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constanty F Sczesniak

(a) RESIDENCE NO. 2010 Portugal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | | | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) NONE

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael Sczesniak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Kawalewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Michael Sczesniak
(Address) 2010 Portugal St.

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Aug 30, 1928, that I last saw h[illegible] alive on Aug 30, 1928 and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

acute Ilio-colitis

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Francis Jannuzzi, M. D.

8/31, 1928 (Address) 2431 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cemetery Assn

DATE OF BURIAL: 1 1928

20 UNDERTAKER: John M. Weber

ADDRESS: 701 E Chester

N. B.—WHITE LEAD, with CARBOLIC ACID, is recommended for painting HOSPITALS, SCHOOLS, and all public buildings. PHYSICIAN'S CERTIFICATE should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37008

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37008

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 Fleet St. ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Wysocki

(a) RESIDENCE NO. 2240 Fleet St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15 1911

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 17 | | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Anthony Wysocki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine Olszewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14

Informant Anthony Wysocki

(Address) 2240 Fleet St

15

Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1 1928 to Aug 29 1928

that I last saw her alive on Aug 28 1928

and that death occurred, on the date stated above, at 3:30 a m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William R. Rosenau M. D.

(Address) 846 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem't

DATE OF BURIAL Sept 1 1928

20 UNDERTAKER John M Weber

ADDRESS 401 S Chester St

N. B.—WHITE CLERKS, WITH CHARACTERISTIC PENMANSHIP, ARE REQUESTED TO CONFORM mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37009

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37009

## CERTIFICATE OF DEATH.

REGISTERED No. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 S Wolfe ST. 2-4 WARD)

2-FULL NAME. Vincent Tanski

(a) RESIDENCE No. 621 S Wolfe St. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tanski

6 DATE OF BIRTH (month, day, and year) July 17 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 1 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Tanski
(Address) 621 S Wolfe St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 28th, 1928, to Aug. 30th, 1928

that I last saw h[illegible] alive on Aug 29th, 1928

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Lehman, M. D.

8-31, 1928 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Repo 3 DATE OF BURIAL 1928

20 UNDERTAKER John W Weber ADDRESS 401 S Chester St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important See instructions on back of certificates.

Spec. 6-9-19 H. P. Co. 1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37010

## CERTIFICATE OF DEATH.

90 E 37010

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2708 Elsinore ST. (Ward) 15-6-1

2-FULL NAME Miss Loretta Hasenkamp

(a) RESIDENCE. No. 2708 Elsinore ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | W. | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 5 1893

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 9 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carlos Hasenkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna Obrecht

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Anna Hasenkamp
(Address) 2708 Elsinore ave

15 Filed , 19 Registrar
Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Aug 30, 1928, that I last saw h alive on Aug-30, 1928, and that death occurred, on the date stated above, at 3:40 P m.

The CAUSE OF DEATH was as follows:

Mitral Stenosis + insufficiency.

Myocardial insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Decompensation.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Consultation

(Signed) Lindsley Bale, M. D.

8/31, 1928 (Address) 2202 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem | Sept 1 1928 |
| 20 UNDERTAKER | ADDRESS |
| John O Mitchell and Son | 1901 Eutaw Place |

C. HAMPSON JONES, M. D.
AUG 31 1928

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-19-21—M&T—1500 Bks.

E 37011

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37011

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. 155

CITY OF BALTIMORE: (No.) ST., 21 WARD 33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Emmajay Evans

(a) RESIDENCE NO. 2321 Grindall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12 1927

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

11 18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Norman J Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Smith Island Md

12 MAIDEN NAME OF MOTHER Ida M Nightingall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Ida M Evans Mother

(Address) 118 E Church st

15 Filed , 19 CRN Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31-1928

17 I HEREBY CERTIFY, That I attended deceased from 7-7, 1928, to 8-30-1928, that I last saw her alive on 8-30-1928 and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH* was as follows:

Asthenyetus Pelvis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-8-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake M. D.

8/31, 1928 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill DATE OF BURIAL Sept 1 1928

20 UNDERTAKER John F Denny ADDRESS 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES M. D.

Spec.—1-12-23—M&T—500 Bks.

E 37012 HEALTH DEPARTMENT—CITY OF BALTIMORE E/37012

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (10 14 31) (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Carter

(a) RESIDENCE No. 835 Harford ave. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Virginia

PARENTS

10 NAME OF FATHER John Carter

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Susie Minor

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug. 13, 19 28, to Aug. 28, 19 28,

that I last saw her alive on Aug. 28, 19 28

and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Broncho-Pneumonia.

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. Clinical, autopsy

(Signed) Henry C Smith M. D.

8-29-28 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashby Cemetery | DATE OF BURIAL 1 Sept 28, 19

20 UNDERTAKER Chas. H. Johnson & Co. | ADDRESS N. Carolina

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37013

E 37013

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 426 E 26th St., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John G Forwood

(a) RESIDENCE NO. 426 E 26 ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if foreign born? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 24 1875

7 AGE: Years 52 Months 11 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Warehouseman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B. & O. R.R. Co

9 BIRTHPLACE (city or town) (State or country): Balt. Md

PARENTS

10 NAME OF FATHER: John R Forwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary S Bull

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary M Bathiel

(Address) 426 E 26th St

15 Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 29/28

17 I HEREBY CERTIFY, That I attended deceased from 11/26, 19, to 8/29/28, 19,

that I last saw h alive on 19

and that death occurred, on the date stated above, at 11-50 P. m.

The CAUSE OF DEATH* was as follows:

Spinal T. B.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W W Gadden M. D.

8/30/28 (Address) 321-2-25 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 1 1928

20 UNDERTAKER: William Cook

ADDRESS: E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37014 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37014

CERTIFICATE OF DEATH.

145-087

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. University Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Elizabeth Laughlin

(a) RESIDENCE NO. 1731 Jackson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. E. Laughlin

6 DATE OF BIRTH (month, day, and year): Nov. 19, 1895

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 32 | 9 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: John W. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Laura Peacock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Chas. E. Laughlin

(Address): 1731 Jackson St.

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 31 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1928. to Aug. 31, 1928.

that I last saw her alive on Aug. 31, 1928

and that death occurred, on the date stated above, at 6 55 A.m.

The CAUSE OF DEATH* was as follows:

Prolonged labor, terminated by Porro Caesarean section.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) yrs. 6 hrs ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug. 30, 1928.

Was there an autopsy? No.

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm A. Smithcors, M. D.

, 19 (Address) Mt. Vernon Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: Sept 3 1928

20 UNDERTAKER: W. H. Cook

ADDRESS: 501 E Madison

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37015

## CERTIFICATE OF DEATH.

E 37015

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1021 Sterrett St. 11-24 Ward)

2-FULL NAME Benedict Joseph Prevoost

(a) RESIDENCE NO. 1021 Sterrett St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): August 31-1927

7 AGE: Years 1 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Bernard Prevoost

11 BIRTHPLACE OF FATHER (city or town) Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Gribbrie

13 BIRTHPLACE OF MOTHER (city or town) Pa

(State or country)

14 Informant Bernard Prevoost

(Address) 1021 Sterrett St

15 Filed..... 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) .....yrs. .....mos. .....ds.

(Signed) August Zeller, M. D.

(Coroner)

8/31, 19 28 (Address) 2939 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross M.G. Date of Burial 8-3 1928

20 UNDERTAKER Bernard C. Starke ADDRESS 1000 S. Paca St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

ABERGH

E 37016

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37016

## CERTIFICATE OF DEATH.

91502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Elsrode Ave (Hamilton) ST., 27 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Elizabeth Abergh.

(a) RESIDENCE NO. 5505 Elsrode Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Charles Abergh.

6 DATE OF BIRTH (month, day, and year): June 7th 1844

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 7 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Matthews Va.

PARENTS

10 NAME OF FATHER: Alexander Marchant

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Elizabeth A. Minter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs. Sophia Milne

(Address): 5505 Elsrode Ave.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1927, to Aug 30 1928.

that I last saw her alive on Aug 30, 1928;

and that death occurred, on the date stated above, at 2:25 P m.

The CAUSE OF DEATH* was as follows:

arterial Sclerosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C H Lungren, M. D.

Aug 31 1928 (Address) 0000 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Sept-1 1928

20 UNDERTAKER: W. Leo Jones Inc. — ADDRESS: 412 N. Broadway

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Fenton

E 37017 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37017

91-002

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1028 Greenmount Ave ST., 10-14 WARD)

2—FULL NAME George J Donohue

(a) RESIDENCE NO. 1028 Greenmount Ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Donohue

6 DATE OF BIRTH (month, day, and year) Aug 20 1869

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 59 | | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF PATHER Thomas Donohue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Francis Thyrne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Cecelia McAdams

(Address) 1028 Greenmount Ave

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31. 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1928, to Aug 31, 1928, that I last saw h-v alive on Aug 31, 1928, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Cholera Morbus

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1028 Greenmount Ave

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

Aug 31, 1928 (Address) 1000 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 9/3 1928

20 UNDERTAKER J M Cook — ADDRESS 502 E Monument Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

T. C. EMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37018 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37018

CERTIFICATE OF DEATH 129

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1712 Mccubbin ST., 6-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie Henderson

(a) RESIDENCE NO. 1712 Mccubbin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Colord | Married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Henderson

6 DATE OF BIRTH (month, day, and year) 1897

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) V. a

PARENTS

10 NAME OF FATHER Willis Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) V. a

12 MAIDEN NAME OF MOTHER Millie Mollie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V. a

14 Informant Henry Henderson

(Address) 1712 mccubbin st

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26 1928 to Aug 30 1928 that I last saw h alive on Aug 30 1928 and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Vascular Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Ephanotum

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

19 28 (Address) 308 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL appomattox cemetery V.a

DATE OF BURIAL Sept 2 1928

20 UNDERTAKER Edward Bryan

ADDRESS 631 orleans st

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37019

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37019

31

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Eutaw St. 1174 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beulah E. Green

(a) RESIDENCE No. 1038 N. Eutaw ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a ~~If married~~, widowed, ~~or divorced~~
HUSBAND of
or) ~~Wife of~~ Amy Green

6 DATE OF BIRTH (month, day, and year) May 7, 1815

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 3 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self.

9 BIRTHPLACE (city or town) ..... Baltimore, (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Brown

13 BIRTHPLACE OF MOTHER (city or town) Washington D. C. (State or country)

14 Informant Mrs. Henrietta Brown

(Address) 1038 N. Eutaw St.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31, 1925

17

I HEREBY CERTIFY, That I attended deceased from July 5, 1925, to Aug. 31, 1925, that I last saw ~~him~~ her alive on ~~Aug.~~ Aug. 31, 1925 and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

of unknown duration

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac asthenia.

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Frank R. DePaola, M. D.

, 19 (Address) 1323 West North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn Cemetery | Sept 3 1925 |
| 20 UNDERTAKER | ADDRESS |
| Mrs. Mary E. Bailey | 1421 Jefferson St |

N. B. WRITE LEGIBLY. WRITE CAREFULLY. ALL INFORMATION REQUESTED ON THIS CERTIFICATE SHOULD BE GIVEN. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37020

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37020

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Provident Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sophie Jackson

(a) RESIDENCE NO. 722 Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | widow |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER John Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Wilson

(Address) 212 N. Emily St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30, '28

17 I HEREBY CERTIFY, That I attended deceased from 8/10, 1928, to 8/30, 1928, that I last saw h[illegible] alive on 8/29, 1928, and that death occurred, on the date stated above, at 4 00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Effusion

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Operation Microscopic

(Signed) John W. Isaacs M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cem | 8-31 1928 |
| 20 UNDERTAKER | ADDRESS |
| Hamil Easton | 916 Pine |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37021 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37021

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 E. 30th St. (ST.) 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Shipley

(a) RESIDENCE No. 509 E 30th Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eugene Shipley

6 DATE OF BIRTH (month, day, and year): Feb 22 1876

7 AGE: Years 52; Months 5 6; Days 9 8; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Bald. County.

PARENTS

10 NAME OF FATHER: Thomas H Lyon.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore County.

12 MAIDEN NAME OF MOTHER: Mary A. Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Eugene C. Shipley

(Address): 509 E. 30th St.

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30 19 28

17

I HEREBY CERTIFY, That I attended deceased from 1919, 19—, to Aug 30, 19 28.

that I last saw h— alive on aug 30, 19 28

and that death occurred, on the date stated above, at 3 30 m

The CAUSE OF DEATH* was as follows:

Parkinsons Disease

following Encephalitis

9 yrs ago

(duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) terminal bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 509 E 30th St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hudson, M. D.

9 1, 1928 (Address) 1006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St John Cem. Long Green Cem.

DATE OF BURIAL: 9/3 1928.

20 UNDERTAKER: George L. Routh

ADDRESS: 1735 Hanford

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37022

## CERTIFICATE OF DEATH

E 37022

1-PLACE OF DEATH Md General Hospital REGISTERED NO. 12557

City of BALTIMORE: (No. Balto St. Md Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward L Kone

(a) RESIDENCE NO. 3238 Keswick Rd Ward

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 3 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma M. Kone

6 DATE OF BIRTH (month, day, and year): Dec 27, 1875

7 AGE: Years 52 Months 8 Days 3 IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garage Owner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Daniel Kone

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Fitsch

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Hosp. Record

(Address)

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Aug 30, 1928, that I last saw h.~~e~~ alive on Aug 30, 1928, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Pyonephrosis & Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 29, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) H. Kretschmer, M. D.

8/30, 1928 (Address) Md Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harwood Ridge — Date of Burial: Sept 1 1928

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3614 Falls Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37023

## CERTIFICATE OF DEATH

129 E 37023

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 501 E 22nd St. 4-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret E Hogan

(a) RESIDENCE NO. 501 E 22nd St ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Thomas F Hogan

6 DATE OF BIRTH (month, day, and year): Oct 3-1869

7 AGE: Years 59 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: E F McGinnis

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Rose Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Thomas F Hogan
(Address) 501 E 22nd St

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 30-28

17

I HEREBY CERTIFY, That I attended deceased from Aug. 15-, 1928, to Aug 30, 1928, that I last saw h alive on Aug 30-, 1928 and that death occurred, on the date stated above, at 8P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage cerebral

(duration) 14 hours yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis interstitial,

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical signs

(Signed) H. W. Pratt, M. D.

8/31, 1928 (Address) 1328 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Sept 3 1928

20 UNDERTAKER: Mary M Wedefeld — ADDRESS: 501 E 22nd

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37024

## CERTIFICATE OF DEATH

E 37024

REGISTERED NO. 129

1-PLACE OF DEATH Md General Hospital

City of BALTIMORE: (No. Howard & Madison St. 28-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George S. Price

(a) RESIDENCE NO. 4014 Gywn Oak Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Effie B. Price

6 DATE OF BIRTH (month, day, and year) Sept 6- 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 48 | 11 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Gasoline & Oil

(c) Name of employer Self

9 BIRTHPLACE (city or town) Philadelphia

(State or country) Pa.

PARENTS

10 NAME OF FATHER Geo Price

11 BIRTHPLACE OF FATHER (City or town) Pa

(State or country)

12 MAIDEN NAME OF MOTHER Mary Mussey

13 BIRTHPLACE OF MOTHER (city or town) Penn.

(State or country)

14 Informant Hosp Records

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Aug 31, 1928, that I last saw h[illegible] alive on Aug 31, 1928 and that death occurred, on the date stated above, at 5 50 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction due to volvulus

Chronic nephritis & Hypertension (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Accident (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 27-1928

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) H L Kirschner, M. D.

8/31, 1928 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Philadelphia, Pa | Sept 3 1928 |

20 UNDERTAKER H J Tschudy, Agent ADDRESS N Pa Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HARRISON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

E 37025

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37025

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. Market Place near Lombard St. Ward) 20-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oden C. Pumphrey Sr.

(a) RESIDENCE NO. 2114 N. Baltimore St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXX XXXXXXXXX Mary Pumphrey.

6 DATE OF BIRTH (month, day, and year) June 11, 1868.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | 2 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission merchant.

(b) General nature of industry, business, or establishment in which employed (or employer) Produce.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER Charles Pumphrey.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Ann E. Cromwell.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A. A. Co. Md.

14 Informant Oden C. Pumphrey Jr. (son)

(Address) 413 Rosedale Terrace.

15 Filed ..... 19 .....

C. H. CAMERON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) August 30, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

(Coroner)

8/30 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pumphrey Farm Burial Lot A. A. Co. Date of Burial Sept 2 1928

20 UNDERTAKER Wm J. Tucker & Sons ADDRESS Govans Pa

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37026 | E 37026

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. W-164

CITY OF BALTIMORE: (No. 2703 Frederick Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rogers LeRoy Voat

(a) RESIDENCE NO. 2703 Frederick Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 1, 1928

| 7 AGE | Years | Months 7 | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Bernise S Voat

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Katherine Pfeiffer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant Bernise S Voat
(Address) 2703 Frederick Ave

15 Filed ____, 19____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31/28

17

I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Aug 31, 1928

that I last saw h— alive on Aug 31, 1928

and that death occurred, on the date stated above, at 4-45 P.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation
Myocardium

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Ethmoiditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell, M. D.

31, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park | Sept 1 1928 |
| 20 UNDERTAKER George J Smith | ADDRESS 1531 Hollins |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 37027

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 37027

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 423 E 24th St) (Ward) 17-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Brown

(a) RESIDENCE NO. 423 E 24th St. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Brown

6 DATE OF BIRTH (month, day, and year) June 28th 1878

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 50 | 2 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Preacher

(b) General nature of industry, business, or establishment in which employed (or employer) " 018

(c) Name of employer "

9 BIRTHPLACE (city or town) _____

(State or country) Va.

PARENTS

10 NAME OF FATHER Charles Brown

11 BIRTHPLACE OF FATHER (City or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) —

14 Informant Belle Brown

(Address) 423 E. 24th St.

15 Filed _____, 19 _____ Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DISEASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29th 19 28

17 I HEREBY CERTIFY, That I attended deceased from Feb 20th, 19 28, to Aug 29th, 19 28, that I last saw h alive on Aug 28th, 19 28, and that death occurred, on the date stated above, at 1:10 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis and Myocarditis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death? _____

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Talmie Exam

(Signed) Geo Pfeiffer M. D.

8/30 19 28 (Address) 1401 E 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kings & Queens Aug 30th, 19 28

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1325 Eastlund

Spec.—2-29-28—L. F. S.—500 Bks.

E 37028

# HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 37028

## CERTIFICATE OF DEATH

1—PLACE OF DEATH 1430 Druid Hill Ave. REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Francis Austin

(a) RESIDENCE NO. 1430 Druid Hill Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | col | Married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Columbus Austin

6 DATE OF BIRTH (month, day, and year) Unknown 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Columbus Austin

(Address) 1430 Druid Hill ave

15 Filed ....., 19.....

APR 18 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/30/28

17 I HEREBY CERTIFY, That I attended deceased from 8-18, 1928, to 8-30, 1928

that I last saw h alive on 8-29, 1928

and that death occurred, on the date stated above, at 5 30a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

Myocarditis

Acute Carbon Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. B Butler, M. D.

, 19 (Address) 425 N. Carline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Calvary | Sept 1 1928 |
| 20 UNDERTAKER | ADDRESS |
| Mrs R. A. Elliott | 1725 Ashland Ave |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37029 E 37029

## CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH St Joseph Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST. 1-13 WARD)

2-FULL NAME Peter Kral

(a) RESIDENCE NO. 2119 Bank St ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 31 1865

7 AGE — Years: 62 Months: 10 Days: — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant Mrs Rose Tomaszkiewicz

(Address) 2119 Bank St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 7 1928 to Aug 31 1928.

that I last saw him alive on Aug 30 1928,

and that death occurred, on the date stated above, at 1-45A m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8/27/28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) A.H. Bauman, M. D.

, 19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: 9-3 1928

20 UNDERTAKER: John M Weber ADDRESS: 401 S Chester St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

(Fazzi)

E 37030

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

3 | 37030

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 869 Park Ave ST., 11-14 WARD)

2-FULL NAME Beulah Jn. Fazzi

(a) RESIDENCE NO. 869 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vincent Fazzi

6 DATE OF BIRTH (month, day, and year): July 12 1901

7 AGE: Years 27 Months 1 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lynchburg Va

PARENTS

10 NAME OF FATHER: G. Y. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lynchburg Va

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lynchburg Va

14 Informant: Vincent Fazzi

(Address) 869 N Park Ave

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31st 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 29 . 1928 . to Sept 1 . 1928 .

that I last saw h alive on Sept 1 . 1928 .

and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Mc Carty, M. D.

9-1 . 1928 (Address) 3711 Overlea Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lynchburg Va — DATE OF BURIAL: Sept 1 1928

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37031

## CERTIFICATE OF DEATH.

E 37031

1-PLACE OF DEATH

City of BALTIMORE: (No. Howard St Tunnel near Mt. Royal Station

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer L. Tutwiler

(a) RESIDENCE NO. North River, Va St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) oil

(c) Name of employer B & O. Railway

9 BIRTHPLACE (city or town)

(State or country) North River Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Robert Brooks

(Address) 17 S Calhoun St

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug - 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull- Struck by train while at work (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

9/1, 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL North River Va — Date of Burial 9/3 1928

20 UNDERTAKER Robert Brookerson — ADDRESS Calhoun Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 37032

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37032

## CERTIFICATE OF DEATH

188-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Howard St Tunnel St. Mt. Royal Station Ward 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elvin P. Everson

(a) RESIDENCE NO. Belington, Va St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 22 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) oil

(c) Name of employer B & O Railway

9 BIRTHPLACE (city or town)

(State or country) Belington Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Robert Brooks

(Address) 178 Calhoun St

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull, Struck by train while at work

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

9/ , 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Belington Va Date of Burial 9/3 1928

20 UNDERTAKER Robert Brookerson ADDRESS Calhoun & Holliday Sts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37033

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37033

## CERTIFICATE OF DEATH.

15149

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hosp. (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kalman Hornstein

(a) RESIDENCE NO. 1723 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carolina

6 DATE OF BIRTH (month, day, and year) May 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Meyer Hornstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant S. Hornstein (Address) 1723 Payson St.

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1st 1928

17

I HEREBY CERTIFY, That I attended deceased from August 12th 1928. to Sept 1st 1928.

that I last saw him alive on Sept 1st 1928

and that death occurred, on the date stated above, at 11:05 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the neck

(duration) ... yrs. 11 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 13-1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. Benjamin Sarubin M. D.

9/1, 1928 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Hebrew Washington Rd | Sept 2 1928 |
| 20 UNDERTAKER | ADDRESS |
| Sol Levinson & Bro | 1107 E Balto St |

mation should be carefully supplied. AGE should be stated EXACTLY. Physicians must fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37034

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 37034

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 1501 N. Payson ST. 15-71 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Abe~~ ABE Polansky

(a) RESIDENCE No. 1501 N. Payson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Polansky

6 DATE OF BIRTH (month, day, and year) 1892

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|---|
| | 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Rubin Polansky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachel Greenblatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant S. Polansky (Address) 1501 N. Payson St.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1-1928

17

I HEREBY CERTIFY, That I attended deceased from 8-27, 1928, to 9-1, 1928,

that I last saw h im alive on 9-1, 1928,

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic myocarditis

myocardial insufficiency

Aortic & mitral Stenosis

mitral insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

9/1, 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 9/2 1928

20 UNDERTAKER S. Levinson Bro — ADDRESS 1127 E Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37035

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

45 E 37035

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ) ST. 15-21 WARD)

2-FULL NAME Edward Jones.

(a) RESIDENCE NO. 714 Cumberland St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE: Years 75 | Months | Days | If LESS than 1 day, .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Thos. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Margaret?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant ..... (Address) ..... BALTIMORE CITY HOSPITALS

15 Filed ..... 19 ..... Registrar R M K

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/15, 1928, to 8/25, 1928, that I last saw h[illegible]ive on 8/25, 1928, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Abscess of Colon.

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronch Pneu (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Hosp.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Operation Findings

(Signed) R M Slack, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Sept 1 19 28

20 UNDERTAKER: Thomas G. Kelson — ADDRESS: 1303 Presstman St

mation should be carefully supplied. AGE should be stated correctly. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37036

## CERTIFICATE OF DEATH.

90

E 37036

1-PLACE OF DEATH

City of BALTIMORE: (No. 3302 Oakfield St. 15-6 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mendel Jason

(a) RESIDENCE NO. 3302 Oakfield St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Jason

6 DATE OF BIRTH (month, day, and year) 1851

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 77 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER Moses Jason

11 BIRTHPLACE OF FATHER (city or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER Markuson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Esther Jason

(Address) 3302 Oakfield

15 Filed....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

.....(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Sept 1 at Hozick (Coroner) M. D.

(Address) North Dr & Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Bals Hebrew Cem 9/2 19 28

20 UNDERTAKER ADDRESS

Jack Levin 1423 E Pratt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 2 1928 C. HAMPTON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Bks.

2/6910 E 37037

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

38 E 37037

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 4636 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Ghee

(a) RESIDENCE NO. Colgate- ST. Md — WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Black | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-15-28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | 3 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Wm Bradley

11 BIRTHPLACE OF FATHER (city or town) Md —
(State or country)

12 MAIDEN NAME OF MOTHER Esther Ghee

13 BIRTHPLACE OF MOTHER (city or town) Va —
(State or country)

14 Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Aug 31, 1928, that I last saw him alive on Aug 31, 1928, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Congenital syphilis

(duration) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wasserman test.

(Signed) J. C. Goodwin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Asbury ct | Sept 2 1928 |
| 20 UNDERTAKER | ADDRESS |
| J. E. Brown & Son | 108 W. Mount |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 lbs.

E 37038

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 37038

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Oakley Ave. ST. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Rupp,

(a) RESIDENCE NO. 2906 Oakley Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Louis Rupp,

6 DATE OF BIRTH (month, day, and year) February 11, 18[illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 6 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles W. Fory.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Agnes Lastner,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant J. Louis Rupp (Address) 2906 Oakley Ave.

15 Filed [illegible], 19[illegible] [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 31 19[illegible]

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 – 19 28 to Aug 30 19 28,

that I last saw her alive on Aug 30 19 28,

and that death occurred, on the date stated above, at 9.15 A, m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Asthenia,

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Ethelbert Henning, M. D.

9/2, 19 28 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 19

20 UNDERTAKER Robert S. Sitter

ADDRESS

N. B.—WRITE PLAINLY, with unfading ink. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37039

## CERTIFICATE OF DEATH.

74-001

E 37039

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hosp St 15-58 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert H Miller Sr

(a) RESIDENCE NO. 3423 Eastern Ave. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena M. Miller

6 DATE OF BIRTH (month, day, and year) Jan 15th 1865

| 7 AGE | Years | Months | Days 15 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 63 | 7 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bingham Bros Co Baltimore Md

PARENTS

9 BIRTHPLACE (city or town) _____ (State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Germany

14 Informant Albert H Miller Jr

(Address) 1911 Kennedy Ave

15 Filed SEP 2 1929, 19 H.H.M. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

*Acute Dilatation of Heart

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

*Arteriosclerosis (duration) yrs. mos. 1 ds.

(Coroner) G C Radio M. D.

, 19 (Address) 4318 Berea

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Sept 3rd 1929

20 UNDERTAKER George Schilling & Sons ADDRESS 1126 E Monument St

N. B.—WHITE PAPER, WHITE CARDBOARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37040

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37040

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 73 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST. 20 WARD)

2-FULL NAME John Plucketa

(a) RESIDENCE NO. 20 So Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 41 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Maggie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Recorder of (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31 1928

17 I HEREBY CERTIFY, That I attended deceased from 5/12 , 1928 , to 8-31 , 1928 ,

that I last saw him alive on 8-31 , 1928 ,

and that death occurred, on the date stated above, at 6.16 m.

The CAUSE OF DEATH* was as follows:

Broncho- Pneumonia

CONTRIBUTORY (Secondary) Congenital spastic diplegia (duration) yrs. 5 mos. ds.

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) P. M. Finch , M. D.

8/31, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hamilton

DATE OF BURIAL 9/3 1928

20 UNDERTAKER Offutt-Fiaccomo

ADDRESS 1618 Eastern

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

Mewshaw

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37041

## CERTIFICATE OF DEATH

113

E 37041

REGISTERED NO.

**1-PLACE OF DEATH**

City of BALTIMORE: (No.) Maryland Gen. Hospt. St. 23-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** Herman Mewshaw.

(a) RESIDENCE NO. 1043 Santa Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred / yrs. / mos. 23 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | white. | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8, 1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 1 | 1 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md.

PARENTS

10 NAME OF FATHER Norman Mewshaw.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary McGonigle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore. Md.

14 Informant Hospital record. (Address)

15 Filed ..... 19 .....

Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) 8/31/ 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8/7/28, 19..., to 8/31, 19 28, that I last saw h.... alive on 8/24/28, 19..., and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Bilateral Mastoiditis.

..... (duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) diarrhea.

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? yes. Date of 8/27/28.

Was there an autopsy? yes.

What test confirmed diagnosis? Operation.

(Signed) H. Reichenbach, M. D.

(Address) Aug 31. 1928 Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Loudon Park Cem | Sep 3 1928 |

20 UNDERTAKER A. Edward Evans ADDRESS 385 Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Hoyt 26 E Preston

E 37042

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Hoyt

44 E 37042

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3324 Noble ST. 26-11 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Harr

(a) RESIDENCE NO. 3324 Noble ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

(a) If married, widowed, or divorced (HUSBAND of) (or) WIFE of Charles H. Harr

6 DATE OF BIRTH (month, day, and year) Sept 6 1815

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | 11 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jermone Ering

11 BIRTHPLACE OF FATHER (city or town) Baltimor (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Baltimor (State or country) Maryland

14 Informant Charles Harr

(Address) 3324 Noble Street

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 19 28, to Sept 1, 19 28

that I last saw h[illegible] alive on Aug 29-1928, 19

and that death occurred, on the date stated above, at 4 A= m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ralph Hoyt, M. D.

Sept. 1928 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetary — DATE OF BURIAL Sept 4 1928

20 UNDERTAKER William Cook — ADDRESS 502 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37043

## CERTIFICATE OF DEATH.

129 E 37043

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3305 Morley ST. 20-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Peddicord

(a) RESIDENCE No. 3305 Morley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W. | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Peddicord

6 DATE OF BIRTH (month, day, and year) July 21-1881.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 1 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Hugh McConville

11 BIRTHPLACE OF FATHER (city or town) Barnesmore (State or country) Cleveland.

12 MAIDEN NAME OF MOTHER Catherine McCann

13 BIRTHPLACE OF MOTHER (city or town) Co Tyrone (State or country) Cleveland.

14 Informant Harry J Peddicord (Address) 3305 Morley St.

15 Filed . 19 Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK PERMANENTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/30 1928

17

I HEREBY CERTIFY, That I attended deceased from 8/28 . 1929 to 8/30 . 1928.

that I last saw h alive on 8/30 . 1928,

and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis with Hypertension

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Damian ? Clay M.D.

. 19 (Address) 3326 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral. | Sept 3 1928. |

20 UNDERTAKER Geo A Farley. ADDRESS 1800 N. Fayette St

Spec.—1-12-23—M&T—500 Bks.

E37044 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37044

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1754 Clarkson ST., 73 WARD)

2-FULL NAME Anna L. Bates

(a) RESIDENCE No. 1754 Clarkson ST., 73 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/16/78

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 5 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER John A. Bates

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Lottie Abbott

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Florence Bates

(Address) 1754 Clarkson St

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1926, to Sept 1, 1926

that I last saw h alive on Sept 1, 1926

and that death occurred, on the date stated above, at ?? m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. A. Campbell M.D.

Aug 31, 1926 (Address) 1644 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

UNDERTAKER J. Harvey Davis

DATE OF BURIAL 9/3 1926

ADDRESS 13 S Eighth

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 4 1926 CLARENCE JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37045

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37045

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Russel Roland Rudacille

(a) RESIDENCE NO. Alberton Howard Co. ST. Md. WARD

(Usual place of abode) non resident of Balto.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 1 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Russel Rudacille

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Grace J. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Russel Rudacille

(Address) Alberton. Maryland

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1928, to Sept 1, 1928, that I last saw him alive on Sept 1, 1928 and that death occurred, on the date stated above, at 9 50 p. m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar, Laryngeal Diphtheria

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of Aug 31, 1928

Was there an autopsy? No

What test confirmed diagnosis? Clinical & pos. culture

(Signed) Myron S. Dull, M. D.

Sept 2, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Good Shepherd Cem | Sept. 2 1928 |
| 20 UNDERTAKER | ADDRESS |
| Easton Sons | Ellicott City |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37046

E 37046

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929 Hollins ST. 70-24 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Hardy

(a) RESIDENCE NO. 1929 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Hardy

6 DATE OF BIRTH (month, day, and year) March 28, 1866

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 5 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Acomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline ---- 8/31 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Portugal

14 Informant Mrs. Carrie A. Murphy (Address) 1927 Hollins St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 , 19 28 , to Aug 31 , 19 28 ,

that I last saw her alive on Aug 31 , 19 28

and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 5 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Infected glands.

(Signed) Chas A Culbreth, M. D.

8/31 1928 (Address) 2105 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept. 3 19 28

20 UNDERTAKER Joseph B Cook

ADDRESS 1001 West Baltimore St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37047

45

E 37047

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Md. General Hosp. St. 14-29 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louisa Breitenbach

(a) RESIDENCE NO. 323 S. Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Husband - Rudolph.

6 DATE OF BIRTH (month, day, and year) May 11th. 1857

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 71. | 3 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Newark, N. J.

(State or country)

PARENTS

10 NAME OF FATHER John B. Hennings

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Kern

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant (Address) Hoyt + Friends

15 Filed ..... 19.... Registrar

SEP 9 - 1928 C. [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

9/2/28

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1928, to Sept 2, 1928, that I last saw her alive on Sept 2, 1928, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction.

(duration) ..... yrs. ..... mos. 3? ds.

CONTRIBUTORY (Secondary) Carcinoma of Sigmoid colon.

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes. Date of 8/31/28

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab.

(Signed) Aug Krumpotich M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial Sept 5 1928

19 UNDERTAKER Joseph B Cook ADDRESS No. 3 W. Balto

SA

N. B.—WHITE LEAFLET, WITH INSTRUCTIONS FOR FILLING OUT THIS CERTIFICATE, SENT ON REQUEST. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Missing
#37048

Spec. 7-17-28 A Co. 500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37049

## CERTIFICATE OF DEATH

31

E 37049

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No.) 2109 Hollins St. (Ward) N-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Norton Carlisle

(a) RESIDENCE NO. 2109 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feby 15 1910

7 AGE: Years 18 Months 6 Days 17 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Reisterstown

(State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Oliver J. Carlisle

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Gertrude M Burns

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Mrs Anna V Burns

(Address) 2109 Hollins St

15 Filed 19 Registrar

SEP 3 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1 1928

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1928, to Sept 1, 1928, that I last saw him alive on Aug 31 - 1928, and that death occurred, on the date stated above, at 3-25 P. M.

The CAUSE OF DEATH* was as follows:

a) Pulmonary Tuberculosis

(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Henry C. Ohle

(Signed) M. D.

Sept 3, 1928 (Address) 1203 N. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

Date of Burial: Sept 4 1928

20 UNDERTAKER: John O. Mitchell Son

ADDRESS: 140 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37050

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37050

## CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 9-18 WARD)

2-FULL NAME Ernest Langmead

(a) RESIDENCE NO. 1537 Ensor St, ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6 DATE OF BIRTH (month, day, and year) 6878

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Fred Langmead

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/18/28 19

17 I HEREBY CERTIFY, That I attended deceased from 7/13, 1928, to 9/11, 1928

that I last saw h— alive on 9/11, 1928

and that death occurred, on the date stated above, at 11.45P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Jaw

Stomach

(duration) yrs. 5 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Institution

Did an operation precede death? Yes Date of 7/28/28

Was there an autopsy? Yes

What test confirmed diagnosis? Path. Examination

(Signed) R. M. Slack. M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn, N.Y.

DATE OF BURIAL Sept 11 1928

20 UNDERTAKER H. M. Cook

ADDRESS 502 E. Fort Ave

mation should be carefully supplied. Also, items to which no answer is CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Schraek-

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37051

E 37051

## CERTIFICATE OF DEATH.

185

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balt City Hospital St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Schaeck

(a) RESIDENCE NO. 2618 Foulon St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Schraek

6 DATE OF BIRTH (month, day, and year): Sept 5 1858

7 AGE — Years: 69 — Months: 11 — Days: 27 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): Common

(c) Name of employer: Canton Lumber

9 BIRTHPLACE (city or town): Balt City

(State or country)

PARENTS

10 NAME OF FATHER: Henry Schraek

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: John Schraek

(Address): 614 S. Streeper

15 Filed..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base of Skull

Accidently falling while Crossing Street hitting his head on Rail Road

Time (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Accident

(duration) ..... yrs. ..... mos. 3 ds.

(Signed) James M Benton, M. D. (Coroner)

92, 1928 (Address) 1002 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) Yrs

At place of death Balt City 3 yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? (Foreign Country)

Former or usual residence 2618 Foulon St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — Date of Burial: Sept 5 1928

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Lanvale

tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

tated EXACTLY. PHYSICIANS should state CAUSE erly classified. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

E 37052

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37052

## CERTIFICATE OF DEATH.

66 ✓

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3406 Loarton Way St., 16 36 Ward)

2-FULL NAME Charles H. Hawkins

(a) RESIDENCE NO. 3406 Loarton Way St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E Hawkins

6 DATE OF BIRTH (month, day, and year) Feb 25 1876

| 7 AGE | Years | Months | Days 7 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 62 | 6 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town)

(State or country) Balto Co

PARENTS

10 NAME OF FATHER Benjamin F Hawkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Co

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co

14 Informant Bertha H Baldwin (Address) 3406 Loarton Way

15 Filed....., 19.... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains deseribed above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) probably alcoholic

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Fenton M. D.

(Coroner)

9/2 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery Date of Burial 9/5 1928

20 UNDERTAKER Herman Cook ADDRESS 502 E North Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37053

## CERTIFICATE OF DEATH.

24-001

E 37053

1-PLACE OF DEATH

City of BALTIMORE (No. 1284 Battery Ave St. 24 Ward) 24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter H. Reth

(a) RESIDENCE NO. 1284 Battery Ave St. 24 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie C Reth

6 DATE OF BIRTH (month, day, and year): Nov. 5, 1861 ~~Aug 30 1925~~

7 AGE: Years 66 | Months 9 | Days ~~25~~ | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Kellan Reth

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs F C Reth

(Address): 1284 Battery Ave

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1928, to Aug 30, 1928

that I last saw h~~e~~ alive on Aug 30, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. B. Campbell, M. D.

Aug 31, 1928 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Date of Burial: Sept 3 1928

20 UNDERTAKER: E Schloman & Son ADDRESS: 1039 Hanover

Don't should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 37054

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113 1

E 37054

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 402 Saunders St., 24-23 Ward)

2-FULL NAME Phyllis L. Tudor

(a) RESIDENCE NO. 403 Saunders St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11 14 1926

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 9 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm Norman Tudor

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Loretta Hamlin

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Wm Norman Tudor

(Address) 403 Saunders St

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 31 1928 19

17 I HEREBY CERTIFY, That I attended deceased from 8, 25, 1928, to 8, 31, 1928, that I last saw h[er] alive on 8. 31, 1928, and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Enteritis (Chronic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis Infection

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. F. Darlington, M. D.

9/3/1928 (Address) 102 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem — Date of Burial 9/3 1928

20 UNDERTAKER: L. F. McCully — ADDRESS 130 E. Fort

SEP 4 1928

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37055

REGISTERED NO. 31 E 37055

1 PLACE OF DEATH

CITY OF BALTIMORE: No. 4000 Norfolk ave ST., 15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Libby Mankowitz

(a) RESIDENCE NO. 4000 Norfolk ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 23 | 3 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Barney Markowitz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Nettie Kramer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant B. Markowitz
(Address) 4000 Norfolk ave

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926, to Sept 2, 1928, that I last saw her alive on Sept 2, 1928, and that death occurred, on the date stated above, at 12 05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted If not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I Frederick Lantz, M. D.

Sept 3 1928 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Ren — DATE OF BURIAL Sept 3 1928

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 112 E Balto st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37056

## CERTIFICATE OF DEATH.

40

E 37056

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 144 Lakewood St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Schiff

(a) RESIDENCE NO. 144 Lakewood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Libbie

6 DATE OF BIRTH (month, day, and year) May 1872

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 4 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 50

(c) Name of employer

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER Jacob Schiff

11 BIRTHPLACE OF FATHER (city or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER Bessi

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Michael Hurwitz

(Address) 144 N Lakewood Ave

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broken Compensation

(Duration) yrs. mos. 1 ds.

Sept 2/28 (Cause) G. C. Radcliff (Coroner) M. D.

2/28, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the state ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Sept 3 1928

Keesey-Friendship Cem. ADDRESS 1127 E

20 UNDERTAKER S. Levinson Bro. Dodd St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37057

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

167-001

E 37057.

City of BALTIMORE: (No. 828 Harford St. 4-1 (Ward)

REGISTERED NO.

2-FULL NAME Robert L. Ball

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 828 Harford St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie V. Ball.

6 DATE OF BIRTH (month, day, and year): Oct 2 1862

7 AGE — Years: 65 — Months: 10 — Days: 23 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of indusiry, business, or establishment in which employed (or employer): Lumber

(c) Name of employer: Sacks & Co

9 BIRTHPLACE (city or town)

(State or country): New York.

PARENTS

10 NAME OF FATHER: George Ball.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): New York.

12 MAIDEN NAME OF MOTHER: Sarah Gregg

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): New York.

14 Informant: Mrs Nellie V. Ball.

(Address): 828 Harford ave

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound

(Duration) yr. mos. 4 hrs.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Signed: G. T. Gladden M. D.

(Coroner)

8/31/28, 19 (Address) 43 N Bond

*State the Disease Cnusing Denth, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — Date of Burial: Sept 3 1928

20 UNDERTAKER: George F. Rutt — ADDRESS: 1735 Harford Av

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37058 E 37058

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Maryland ave ST., 17-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Virginia Cumming.

(a) RESIDENCE NO. 2411 Maryland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hershey S. Cumming Sr.

6 DATE OF BIRTH (month, day, and year): May 8-1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 3 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: John G. Pearce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Jemima E. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md.

14 Informant: Hershey S. Cumming

(Address): 2411 Maryland ave.

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1 1928

17 I HEREBY CERTIFY, That I attended deceased from June 1927, to Sept 1st 1928, that I last saw her alive on Sept 1st 1928, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Arterial hypertension and Carcinoma of Kidney

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy. & Chem. diagnosis

(Signed) H. Buckenhauer M. D.

9/3 1928 (Address) 190, Tutaw Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | Sept 4 1928 |
| 20 UNDERTAKER | ADDRESS |
| H. Greenwald Sons | Baltimore |

Spec.—6-9-19—H. P. Co.—1000 Bks.

Sarah Elizabeth Wakeland

E 37059

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37059

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 518 Vermont Ave. Sorauren (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Wakeland

(a) RESIDENCE. No. Aberdeen Md ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo Wakeland

6 DATE OF BIRTH (month, day, and year) Oct 28. 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 10 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll County Md

PARENTS

10 NAME OF FATHER Thomas Heathley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Gilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Aberdeen Wakeland

(Address) 518 Vermont Ave

15 Filed . . . . . 19 . . . . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5-25

17 I HEREBY CERTIFY, That I attended deceased from 8-20 . . . . 19 25 to 9-2 . . . . 19 25

that I last saw h alive on 9-1 . . . . 19 25

and that death occurred on the date stated above at 11.35 P m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fielding H. Garrison, M. D.

9-7-25 Address 800 Cathedral St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smith's Cemetery Churchville Md DATE OF BURIAL Sept 5 1925

20 UNDERTAKER L. J. Sadler & Son

ADDRESS Forest

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 5 1925 H. HANSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

Annie A Trott.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37060 ✓ E 37060

## CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1830 Harford Avenue ST. 20-1 WARD)

2-FULL NAME Annie A. Trott

(a) RESIDENCE NO. 1830 Harford Avenue ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Trott

6 DATE OF BIRTH (month, day, and year) Mar 10 - 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 5 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Richard Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ann Hardesty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Jennie Pumphrey

(Address) 1830 Harford Ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 1928

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to Aug 31, 1928, that I last saw her alive on Aug 30, 1928 and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & mitral regurgitation.

(duration) Annual yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) ... yrs. ... mos. Sudden ds.)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bauernschmied, M. D.

9/2, 1928 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | Sept. 3 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm. J. Forbes Sons | [illegible] |

SEP 3 1928 HAMILTON JONES, M.

Cor.—12-9-26—A Co.—200 Blks.

Dorothy Staub

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37061

## CERTIFICATE OF DEATH.

E 37061

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp St., 11-24 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Staub.

(a) RESIDENCE NO. Westminster St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): Jan 29-1922

7 AGE: Years 5 Months 7 Days 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Westminster Md.

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Staub

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Gertrude Etzler

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Jos. Staub

(Address) Westminster

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 3 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of Brain.

(Automobile Accident) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Signed: H. Leslie Shores, M. D.

Sept 3rd 19 26 (Coroner) (Address) North Mt & Dover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death? Westminster Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md Date of Burial: sept 5 1926

20 UNDERTAKER: H Bankard & Son ADDRESS: Westminster Md

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21—M&T—1500 Blks.

E 37062

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37062

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary St., (WARD) 12

REGISTERED NO. 111-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert LeRoy Foster

(a) RESIDENCE No. 1116 N. Milton ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Foster

6 DATE OF BIRTH (month, day, and year) May 19 - 1893

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 35 | 3 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Brakeman

(c) Name of employer B + O. R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George B. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Agnes Kenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Helen Foster

(Address) 1116 N. Milton ave

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/3/ 1928

17

I HEREBY CERTIFY, That I attended deceased from August 28, 1928, to Sept 3, 1928, that I last saw him alive on Sept 2, 1928, and that death occurred, on the date stated above, at 3:40 A m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric ulcer

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/28/28

Was there an autopsy? No

What test confirmed diagnosis? (1) operation (2) Clinical Exam.

(Signed) John Dracy M. D.

Sept 3 1928 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Dulaney Woods Cemetery | Sept 5 1928 |

20 UNDERTAKER George E. Smith ADDRESS 1532 Hollins st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Revd. 1-10-21 M&T 1500 Blks.

E 37063

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37063

## CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1227 Broadway ST. 813 (WARD)

2-FULL NAME FRANK HERBERT TAYLOR

(a) RESIDENCE NO. 1227 BROADWAY ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17th, 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or min. |
|---|---|---|---|---|
| | 43 | 10 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer) Office

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary J. McDevitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant [redacted] Family

(Address)

15 Filed ..... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1ST 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 26th, 1928, to Sept 1ST, 1928, that I last saw h[illegible] alive on Sept 1ST, 1928, and that death occurred, on the date stated above, at 11:05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Alex A. Weinberg, M. D.

9/1/1928 (Address) 733 Augusta ST

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL 9/5 1928

UNDERTAKER Chas. P. Graul & Son ADDRESS 18 W. Mulberry ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37064

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37064

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St. Mulberry) (WARD) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Elizabeth Wright

(a) RESIDENCE NO. 1839 N. Caste ST. Mulberry WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Earl Wright

6 DATE OF BIRTH (month, day, and year): May 23, 1895

7 AGE: Years 33 Months 3 Days 9 If LESS than 1 day, hrs. or min. 8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Spinner

(b) General nature of industry, business, or establishment in which employed (or employer): Mill

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Michael Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Joseph E. Wright 1839 N. Caste St

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928, to Sept. 1928,

that I last saw him alive on Sept. 1, 1928,

and that death occurred, on the date stated above, at 12:30 p m.

The CAUSE OF DEATH* was as follows:

Ruptured Ulcers

18 hrs (estimate)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1839 Caste

Did an operation precede death? yes Date of Sept. 1 28

Was there an autopsy? no

What test confirmed diagnosis? medication

(Signed) Thomas [illegible] M. D.

, 19 (Address) 220 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 9/4 1928

20 UNDERTAKER: Chas. P. Crane & Son

ADDRESS: 1118 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 37065

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113 E 37065

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 309 N Calhoun St. 14-21 Ward)

2-FULL NAME Charles Mabee

(a) RESIDENCE NO. 309 N Calhoun St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | colored | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2 - 1923

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 5 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER James C. Thyjer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Dorothy Keys

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Dorothy Keys

(Address) 309 N. Calhoun

15 Filed..... 19 .....

.....
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept. 2 1928

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Spt Chills

(Duration) ..... yrs. ..... mos. — ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H C Gladdest

9/28 (Coroner) ..... M. D.

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mt. Auburn — Date of Burial Sept. 5 1928

20 UNDERTAKER Chas. H. Glass & Son — ADDRESS 1401 Pitcher

(Use should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# E 37066 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37066

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 S Ellwood Ave ST., 1 WARD)

REGISTERED NO. 1-1 100-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Steven Kopylak

(a) RESIDENCE No. 1207 S Ellwood Ave ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? 2 yrs. — mos. — ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 27- 24

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 3 | 10 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Monessen Pa

PARENTS

10 NAME OF FATHER Joe Kopylak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Domiewchich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Louis Missouri

14 Informant Joe. Kopylak
(Address) 1207 S. Ellwood Ave

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1928

17

I HEREBY CERTIFY, That I attended deceased from August 29, 1928, to Sept 2, 1928, that I last saw him alive on August 29, 1928 and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Malde velloped, secondary anemia

(duration) 3 yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Joseph Rosenblatt, M. D.

(Address) 3014 O'Donnell St., Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Stanislaus Cem | Sept 4, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Stephen Kaczkowski | Monessen |

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37067

## CERTIFICATE OF DEATH

129

E 37067

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 945 Somerset ST., 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME M. Catherine Myers

(a) RESIDENCE NO. 945 Somerset ST., 10 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. - mos 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Sing'l. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 20 1918

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 10 | — | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attended School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frederick L. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Helen M. Harmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant M. Frederick L. Myers
(Address) 945 Somerset St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 2nd 1928

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to Sept 2, 1928, that I last saw h[illegible] alive on Sept 2, 1928, and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis
Tuberculosis G. U. Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Thomas Hoover, M. D.

, 19 (Address) 1401 Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Sept. 4 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hoeck & Son | 1301 E Eager St |

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# E 37068 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

44 V E 37068

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117½ N. Carolina ST., 813 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Barbara Schmitt

(a) RESIDENCE NO. 1117½ N. Carolina ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if foreign birth 41 yrs. — mos. — ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Schmitt

6 DATE OF BIRTH (month, day, and year) Dec. 18 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 59 | 8 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Nastvogel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maryanna Karthaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant M. Louis Schmitt.
(Address) 1117½ N. Carolina St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3rd 1928

17 I HEREBY CERTIFY That I attended deceased from July 23rd, 1928, to Sept. 3rd, 1928, that I last saw her alive on Sept 1st, 1928 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date June 1928 Dr Sapho

Was there an autopsy? not Clinical

What test confirmed diagnosis?

(Signed) H. A. Meyer, M. D.

3. 1928 (Address) 1037 N. Carlene st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Sept. 6 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hoeck & Son | 1301 E Eager St |

important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 37069

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

117 E 37069

REGISTERED NO.

1-PLACE OF DEATH Md General Hosp

City of BALTIMORE: (No. Howard + Madison St. 6-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter L Byrd

(a) RESIDENCE NO. 1812 Linwood ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1, 1922

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 6 | 6 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER William Byrd

11 BIRTHPLACE OF FATHER (City or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Fannie Hill

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Delaware

14 Informant

(Address) Hosp Record

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1928, to Sept 2, 1928

that I last saw h~~im~~ alive on Sept 2, 1928,

and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Aug 25-1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H L Reifschneider, M. D.

Sept 2 1928 (Address) Md Gen. Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Dept Date of Burial 4 1928

20 UNDERTAKER John C. Miller ADDRESS 2435 E Oliver

C. Harrison Jones M. D.

SEP 3 1928

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37070

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37070

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., (WARD) 14-W

2-FULL NAME David S. Rosenheim

(a) RESIDENCE NO. 5 A Marlborough Apts. ST., 5a WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 24 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 4 | 8 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Rosenheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Guggenheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Dr. S. Rosenheim
(Address) Marlborough Apts

15 Filed .. 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 1 1928

17 I HEREBY CERTIFY, That I attended deceased from July 14 1928 to September 2 1928, that I last saw h / M alive on September 1 1928, and that death occurred, on the date stated above, at 7:10 A m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis, hypertension
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frederick A Wolff M. D.

9-2 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beth Shalom Cem. DATE OF BURIAL: 9/4/ 1928

20 UNDERTAKER: David Sondheim ADDRESS: 918-20 W. Mt. Royal Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37071

## CERTIFICATE OF DEATH.

90 E 37071

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 of bo Home St. 11-24 Ward)

2-FULL NAME Raphael Hartman

(a) RESIDENCE NO. R of bo Home Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

6 DATE OF BIRTH (month, day, and year) Aug 25-1856

7 AGE — Years: 72 . 0 — Months: — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

PARENTS

9 BIRTHPLACE (city or town) Frederick Md

(State or country)

10 NAME OF FATHER Simon Hartman

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Rosa Wertheimer

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant: Edw Matthews

(Address) 3911 Gwynns Falls

15 Filed..... 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said.....

.....(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Sept 12 (Coroner) M. D.

(Address) North Ave & Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bnai Israel Hebrew Cem. Date of Burial 9/14 1928

20 UNDERTAKER: Baird Sondheim ADDRESS 1115 20 av mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—800 Bks.

E 37072

# HEALTH DEPARTMENT—CITY OF BALTIMORE

106-001 E 37072

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 13-56

CITY OF BALTIMORE: (No. Emersonian Apts. 3 C. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mina Lehman

(a) RESIDENCE NO. Emersonian Apts. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? 80 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | WIDOW |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Lehman

6 DATE OF BIRTH (month, day, and year) Feby. 14, 1836

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 92 | 6 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Laib Strauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Lehman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. J. Lehman

(Address) Emersonian Apts.

15 Filed 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2nd. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1928, to Sept. 2, 1928, that I last saw her alive on Sept. 2, 1928 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Findings

(Signed) Solomon Sherman, M. D.

1814 Eutaw Place

, 19 (Address) 501 Cumberland St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Ohab Shalom Cem. | 9/4/ 1928 |

20 UNDERTAKER David Sondheim

ADDRESS 118-20 W. Mt. Royal Ave.

Spec.—1-12-23—M&T—500 Blks.

K E 37073 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37073

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 18-26 WARD)

REGISTERED NO. 100-08

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas Hamm

(a) RESIDENCE NO. 225 St. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 49; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: Henry Hamm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bath

12 MAIDEN NAME OF MOTHER: Cly. ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt

14 Informant (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed ..... , 19 ..... Registrar RKK

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/31 1924

17 I HEREBY CERTIFY, That I attended deceased from 8/23, 1924, to 8/31, 1924

that I last saw h[redacted] alive on 8/31, 1924

and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Urinary Retention

Urinary Extravasation

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronch. Pneu

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [redacted]

Did an operation precede death? Yes Date of 8/23/24

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) P. M. Hitch, M. D.

, 19 (Address) M[redacted] CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 9-3 1924

20 UNDERTAKER: Dan'l Easton

ADDRESS 916 Oliver

CAUSE OF DEATH in plain words, so that it may be properly classified. Exact statement of CAUSE is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37074

## CERTIFICATE OF DEATH.

X 44

E 37074

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 25-12 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Dearey

(a) RESIDENCE NO. Ellicott City Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or (1) WIFE of

6 DATE OF BIRTH (month, day, and year) January

7 AGE: 55 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: James Dearey.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Hynes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: James Dearey (Address) Ellicott City Md.

15 Filed ....., 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-30, 1928, to 9-3, 1928, that I last saw h alive on 9-3, 1928, and that death occurred, on the date stated above, at 4:20 p m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

CONTRIBUTORY (Secondary) Coronary Embolism (duration) yrs. 5 mos ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Duncan P. Allen, M. D.

, 19 (Address) 38 N Charles Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL 9/6 1928.

20 UNDERTAKER: Euston Sons ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 1 1928

Spec.–7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37075

## CERTIFICATE OF DEATH

X 155

E 37075

REGISTERED NO.

1-PLACE OF DEATH Md General Hospital

City of BALTIMORE: (No.) Howard + Madison St., 11-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Hindman

(a) RESIDENCE NO. Rising Sun, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19, 1899

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | 29 | 5 | 14. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer) Meat Business

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Liberty Grove, Md.

(State or country)

PARENTS

10 NAME OF FATHER Luther Hindman

11 BIRTHPLACE OF FATHER (City or town) Liberty Grove, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Keen

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Hosp. Record

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1928

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to Sept 3, 1928, that I last saw h.~~im~~ alive on Sept 3, 1928, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis Spine (Non Tuberculous)

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/16/28

Was there an autopsy? No

What test confirmed diagnosis? Operation + Culture

(Signed) H. E. Kaufmann M. D.

9/3 . 1928 (Address) Md Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

West Baltimore Md Sept 6 1928

20 UNDERTAKER — ADDRESS

J. C. Lyons Colora Md

SEP 4 1928

DEPARTMENT OF HEALTH

BALTIMORE, MD.

DEATH CERTIFICATE should be carefully supplied. Space should be filled EXACTLY. If UNKNOWN, should be stated. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37076

E 37076

## CERTIFICATE OF DEATH.

REGISTERED No. 51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rebecca Garland

(a) RESIDENCE No. 201 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr. C. Walter Garland

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mount Holly Md.

PARENTS

10 NAME OF FATHER Mr. John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mount Holly Md.

12 MAIDEN NAME OF MOTHER Mary Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Maryland.

14 Informant Hospital Records

(Address)

15 Filed [illegible], 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Sept 3, 1928, that I last saw her alive on Sept 3, 1928 and that death occurred, on the date stated above, at 2:15 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
= Chronic Myocarditis.

(duration) 0 yrs. 0 mos 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Sugar

(Signed) E. J. Geraghty, M. D.

9/13 1928 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Druid Ridge Cem | Sept 5 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Myerberg Sons Co | Oakland [illegible] |

CAUSE OF DEATH in plain words, as stated by physician. Do not use abbreviations or technical terms. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37077.

## CERTIFICATE OF DEATH

44

REGISTERED NO. E 37077

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Rose ST., 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Smith

(a) RESIDENCE NO. 708 N. Rose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Smith

6 DATE OF BIRTH (month, day, and year): Nov 26-1872

7 AGE: Years 56 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Henry Smith

(Address): 708 N Rose St

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Sept 1, 1928, that I last saw her alive on Sept 1, 1928 and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach Liver and Pancreas

CONTRIBUTORY (Secondary) Gastric Lemorrhage (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 12, 1928

Was there an autopsy? Yes

What test confirmed diagnosis? Physician & Pentom

(Signed) Knight Reynolds, M. D.

19 (Address) 20 East Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Sept 4 1928

20 UNDERTAKER: Wm E. Miller & Son — ADDRESS: 2334 Pitts

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37078

## CERTIFICATE OF DEATH.

90 E 37078

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 N. Spring St., 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Marbury

(a) RESIDENCE No. 107 N. Spring St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: Colored.

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Married~~ Single

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years 38. Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lapalata Md.

PARENTS

10 NAME OF FATHER: Joseph Marbury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lapalata Md

12 MAIDEN NAME OF MOTHER: Julia Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ~~Lapalata Md~~ Lapalata Md

Informant: ~~Margaret~~ Margaret Marbury

(Address): ~~Lapalata Md~~ Lapalata Md

15 Filed ..... 19 ..... Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) ..... yrs. ..... mos. ..... ds.

Sept 3/28 (Signed) Geo Clinton Wades M. D. (Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State..... yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem Date of Burial Aug 4, 1928.

20 UNDERTAKER: Wendell J. Hippel ADDRESS 300 S. Edwards

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37079

# HEALTH DEPARTMENT—CITY OF BALTIMORE.

## CERTIFICATE OF DEATH.

90 E 37079

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 417 S. Central ST. 13-5 WARD)

2-FULL NAME Micheal Lasaia

(a) RESIDENCE No. 417 S. Central ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Barbara Lasagia

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 43. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Constad Lasaia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Stella Gardegna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Mary Lasaia

(Address) 417 S. Central Ave

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 1 1928

17

I HEREBY CERTIFY, That I attended deceased from August 29, 1928 to September 1, 1928, that I last saw h alive on September 1, 1928, and that death occurred, on the date stated above, at 2.8 m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis (Virulans)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): General infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

(Address) 1 W S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 4. 1928.

20 UNDERTAKER: Wendell J Hippel — ADDRESS: 200 S Eden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of cause is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37080

## CERTIFICATE OF DEATH

1331 29

E 37080

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 208 W. Hamburg ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Estelle Jefferson

(a) RESIDENCE NO. 208 W. Hamburg ST., 23 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | Cd | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 70 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeper

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Thos. Ed. Taylor

(Address) 208 W. Hamburg St.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/2/28

17

I HEREBY CERTIFY, That I attended deceased from 8/21/28, to 9/2/28, that I last saw her alive on 9/1/28 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

9/4, 19 28 (Address) 908 Shelp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Aug 4 19 28

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Jarrett

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37081
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 37081
REGISTERED NO.

CITY OF BALTIMORE: (No. 1710 N. Fulton Ave. ST., 16-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Jarrett,

(a) RESIDENCE NO. 1710 N. Fulton Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, ~~widowed, or divorced~~
HUSBAND of
~~(or) WIFE of~~ Minnie Jarrett,

6 DATE OF BIRTH (month, day, and year) May 16. 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 67 | 8 | 21 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gideon Jarrett.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Minnie Jarrett
(Address) 1710 N. Fulton Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I attended deceased from July 29. 1926. to Sept. 2nd. 1928.
that I last saw him alive on Sept. 2nd. 1928
and that death occurred, on the date stated above, at 12.30 A m
The CAUSE OF DEATH* was as follows:

Myocarditis,

Somewhat over 2 yrs. mos ds.
(duration)
CONTRIBUTORY Decompensation & Diabetes
(Secondary)
Several months (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? X

(Signed) Blaine C. Price, M. D.

7-4, 1928 (Address) 1705 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL 19

20 UNDERTAKER Geo. W. Little

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37082
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

11-002

E 37082
REGISTERED NO.

CITY OF BALTIMORE: (No. 3 N. Gilmor ST., 19-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Walters

(a) RESIDENCE NO. 3 N. Gilmor ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of L. Edward Walters

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1899

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 10 | 9 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Floorlady
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer American Decorative Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Morris Knauf

11 BIRTHPLACE OF FATHER (city or town) Perry Hall
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lena Doll

13 BIRTHPLACE OF MOTHER (city or town) Perry Hall
(State or country) Maryland

14
Informant Mr. Leonard Walters
(Address) 3 N. Gilmor St.

15
Filed ..., 19 ... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8/26, 1928, to 9/1, 1928
that I last saw her alive on 9/1, 1928
and that death occurred, on the date stated above, at ... p. m.
The CAUSE OF DEATH* was as follows:

Acute Nephritis (Chronic)

(duration) yrs. 1 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine, Eye Ground

(Signed) Chas A Cerfoss, M. D.

9/3, 1928 (Address) 2105 W. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Sept. 4 19 28

20 UNDERTAKER Joseph B Cook

ADDRESS 2007 West Baltimore St

Spec.—2-29-28—L. F. S.—500 Bks.

E 37083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 37083

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 E. Chase ST., 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Skuhn

(a) RESIDENCE NO. 2218 E. Chase ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Skuhn

6 DATE OF BIRTH (month, day, and year) Aug 7 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 0 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Adam Schein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Charles A. Skuhn

(Address) 2217 E. Chase St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Sept 1, 1928 that I last saw h[illegible] alive on Sept 1, 1928 and that death occurred, on the date stated above, at 3 25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Nephritis Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pending

(Signed) Fred Ruegg M. D.

9-3 19 28 (Address) 800 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL 9/4/28

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37084

## CERTIFICATE OF DEATH.

E 37084

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp 9-29 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Green

(a) RESIDENCE NO. 845 W Oster St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE Years 25 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hosp Record

(Address)

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Child birth

(duration) yrs. mos. one ds.

(Signed) (Coroner) M. D.

(Address) North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Date of Burial Sept 4, 1925

20 UNDERTAKER Joseph A Lively ADDRESS 4097 Mount Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37085 + 113 E 37085

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hosp St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. C. Chester

(a) RESIDENCE NO. 301 Scheeler Ave Chase Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 3, 1928

7 AGE: Years 6 Months Days 28 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo C Chester

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Ernst

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Elizabeth C Chester

(Address) 301 Scheeler Ave

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

"Diarrhoea"

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

Sept 28, 19 (Signed) Geo Chester Bagley M. D. (Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery Date of Burial 9/4 1928

20 UNDERTAKER: William Cook ADDRESS 502 E Mon St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 37086

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

16-002 E 37086

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 1500 WARD)

2-FULL NAME Irvin Kermisch

(a) RESIDENCE NO. 3612 Parkdale ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 5 1927

7 AGE: Years 1 Months 1 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Albert M Kermisch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Pauline Kubby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Albert M Kermisch (Address) 3612 Parkdale ave

15 Filed . . . . . 19 . . . . . Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 4 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1928 to Sept 4 1928, that I last saw him alive on Sept 4 1928, and that death occurred, on the date stated above, at 5:05 a m.

The CAUSE OF DEATH* was as follows:

Acute Ileo Colitis (Dysentary

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3612 Parkdale ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B J Cohen, M. D.

. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mehrer Mt Carmel — DATE OF BURIAL: 9/4 1928

20 UNDERTAKER: Jack Levin E Balto — ADDRESS: 1434

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 37087

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74001

E 37087

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 S. Third ST., 26 WARD)

2—FULL NAME Mary R. Teebely

(a) RESIDENCE NO. 831 S. Third ST., 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John T. Teebely

6 DATE OF BIRTH (month, day, and year) Oct. 23rd 1864

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 10 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Sebastian Hammelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schlumbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary E. Smith

(Address) 123 Carroll St. S. E.

15 Filed ....., 19 ..... , Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1st/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Sept 1, 1928

that I last saw her alive on Sept 1, 1928

and that death occurred, on the date stated above, at 1 55 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ~~One~~ yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilson M. D.

19 (Address) 315 S. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Holy Redeemer Cem | Sept. 5th 1928 |
| 20 UNDERTAKER Lilly & Zeiler Inc. | ADDRESS 403 S. Wolfe St |

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

2E 37088

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-08 E 37088

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 6 9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William G Nashuta

(a) RESIDENCE NO. 432 N Wolfe ST., 6 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/13/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 3 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Frank Nashuta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Lambert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-2-1928

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1928, to Sept-2, 1928, that I last saw h.. alive on Sept-2, 1928 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Goodwin M. D.

9/3, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Carmel Cemetery | Sept 4 1928 |

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37089

## CERTIFICATE OF DEATH

46 v

1—PLACE OF DEATH

REGISTERED NO. E 37089

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1109 Barclay ST., 10 15 WARD)

2—FULL NAME Blanche E. Tyler.

(a) RESIDENCE NO. 1109 Barclay ST., 10 WARD
(Usual place of abode)

Length of residence in city or town where death occurred ~~yrs.~~ mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 14th 1886

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 41 | 10 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Elsance
(State or country) Somerset Co. Md

PARENTS

10 NAME OF FATHER Edwin Tyler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Somerset Co Md

12 MAIDEN NAME OF MOTHER Mary V. Jones.

13 BIRTHPLACE OF MOTHER (city or town) Somerset
(State or country) Co. Md.

14 Informant Edwin Tyler (Father)
(Address) Elsance Somerset Co Md

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3rd 1928

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to Sept 3, 1928, that I last saw h[illegible] alive on Sept 5, 1928 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph L Wright, M. D.

19 (Address) 26 C Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elsance Cemetery Somerset Co. Md.

DATE OF BURIAL Sept. 6th 1928

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S Wolfe St

important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37090

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37090

1—PLACE OF DEATH

REGISTERED NO. 113

CITY OF BALTIMORE: (No. Providence Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Milton Murrell

(a) RESIDENCE NO. 556 Hoffman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 DATE OF BIRTH (month, day, and year): Dec 9-1926

7 AGE — Years: 1 | Months: 8 | Days: 24 | If LESS than 1 day, hrs. or min.: 23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balt City Md

PARENTS

10 NAME OF FATHER: Samuel Murrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Wamm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Samuel Murrell

(Address) 556 Hoffman St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Sept 2, 1928, that I last saw him alive on Sept 2, 1928, and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Malnutrition & diarrhea

(duration) yrs 1/2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) John W. Sause M. D.

19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cem | 9/4 1928 |
| 20 UNDERTAKER: Howard Easton | ADDRESS 916 Eutaw |

Important. See instructions on back of certificate.

SEP 4 1928

Spec. 7-17-26—A Co.—200 Bks.

E 37091

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

31 E 37091

REGISTERED NO. 3744

1-PLACE OF DEATH

City of BALTIMORE: (No. 4532 Harford Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. G. Sack

(a) RESIDENCE NO. 4532 Harford Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Sack

6 DATE OF BIRTH (month, day, and year) April 29th 1860

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 66 | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER George H. C. Sack.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Beatte Ram

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary E. Sack

(Address) 4532 Harford Road

15 Filed . 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2. 1928

17

I HEREBY CERTIFY, That I attended deceased from Apr. 15. 1928 to Sept 2. 1928

that I last saw him alive on Sept 2. 1928.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Cardiac Dilatation (Acute)

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) yrs. mos. ds.

& Pulmonary T. B. following Pulmonary infarction (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clar Smith M. D.

Sept 2. 1928 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Cemetery Date of Burial Sept 5 1928

20 UNDERTAKER Frederick Lessner & Sons ADDRESS Fullerton

tion should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate should be given. Any physician may be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37092

# HEALTH DEPARTMENT—CITY OF BALTIMORE, 001

## CERTIFICATE OF DEATH.

100 E 37092

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Parker

(a) RESIDENCE No. (Usual place of abode) Auburn (Hamilton Terrace) ST., WARD

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1874 ?

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs or ...min. |
|---|---|---|---|---|
| | 54 ? | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Tough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2, 1928

17 I HEREBY CERTIFY, That I attended deceased from August 7, 1928, to Sept. 2, 1928, that I last saw him alive on Sept. 2, 1928, and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C. Smith, M. D.

9-2-1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 9/5/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill

FROM is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37093

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-661 E 37093

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 Bond ST., ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank W. May

(a) RESIDENCE No. 527 Bond ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 25-1897

7 AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs or ..... min |
|---|---|---|---|
| 30 | 10 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Mark May

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Annie Gospel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Hattie M. Myers

(Address) 527 Bond St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1-1928

17 I HEREBY CERTIFY, That I attended deceased from 8-25, 1928, to 9-1-, 1928, that I last saw h[illegible] alive on 9-1-, 1928, and that death occurred, on the date stated above, at 3 30 m

The CAUSE OF DEATH* was as follows:

Double Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Cold in chest

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual Symptom

(Signed) J. R. Blake, M. D.

19 (Address) 924 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 9/4/1928

20 UNDERTAKER Robert Williams

ADDRESS 1510 N Eden

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37094

## CERTIFICATE OF DEATH.

74 E 37094

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 8-17 REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ..... WARD)

2-FULL NAME John Edward Staylor

(a) RESIDENCE No. 184 no Bond ST., ..... WARD .....

(Usual place of abode) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Dec 13, 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 8 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER not obtained

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER not obtained

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-23, 1928, to 9-1, 1928, that I last saw him alive on 9-1, 1928, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, left with right Hemiplegia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Hypertention unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? P. M. autopsy

(Signed) H. M. Smith, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 5 1928

20 UNDERTAKER Geo M. Smith & Son — ADDRESS 811 N Wolfe

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37095

## CERTIFICATE OF DEATH.

161 E 37095

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Harbins Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Boy" Bowen

(a) RESIDENCE NO. 400 Chesapeake St. Eastport Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | S |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2/28

| 7 AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Emory Bowen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co, Md

12 MAIDEN NAME OF MOTHER Susan Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A.A.Co., Md.

14 Informant Father

(Address)

15 Filed....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/3/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (6 1/2 mons. Gestation)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Culler M. D.

(Coroner)

9/4/28, 19 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation Md Date of Burial Sept 4 1928

20 UNDERTAKER Jas. S. Taylor & Sons ADDRESS Annapolis Md.

OF DEATH in plain terms, so that it may be properly classified. Last Statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37096

## CERTIFICATE OF DEATH.

38 E 37096

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 10-14 Ward)

2-FULL NAME Ross Jones

(a) RESIDENCE NO. 1105 E. Madison St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | col | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Jones

6 DATE OF BIRTH (month, day, and year) 1884

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min. |
|---|---|---|---|---|
| | 44 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) (common)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Deal Island, Md.

PARENTS

10 NAME OF FATHER Wm. Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Deal Island, Md.

12 MAIDEN NAME OF MOTHER Mary West

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Deal Island, Md.

14 Informant Bertha Jones

(Address)

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2, 192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sacculated Aneurism Arch Aorta Compression of Trachea & erosion of Spinal Cord, (Autopsy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. E. Weis M. D.

(Coroner)

9/4/28 (Address) 502 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Date of Burial Sept 3, 28

20 UNDERTAKER Mrs. B. C. Elliott ADDRESS 745 Cashlander

OF DEATH in plain terms, so that it may be properly classified. Fill Statement of Occupation is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37097

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

70 E 37097

REGISTERED NO.

City of BALTIMORE: (No. Hopkins Hospital St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dolores Burns

(a) RESIDENCE NO. 915 N. Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 1 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Burns

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Lucinda Thompkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mother

(Address)

15 Filed....., 19.... Reyl Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 2/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Encephalitis

(Autopsy)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. M. Kolb M. D.

(Coroner)

, 19 (Address) 9/7/28 300 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

(Where was disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Date of Burial Sept 4, 28

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Oakland Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37098

## CERTIFICATE OF DEATH.

13 E 37098

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 807 N. Stricker ST. (16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Williams

(a) RESIDENCE NO. 807 N. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | C. | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 1 | 7 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hazel Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hazel Williams

(Address) 807 N. Stricker St.

15 Filed ..... 19 ..... K.M.H. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1928, to Sept. 2, 1928

that I last saw her alive on Sept 2, 1928

and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Diarrhoea and Enteritis.

(under 2 yrs of age)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) C. N. Pigott, M. D.

9/2, 1928 (Address) 1536 W Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Calvary | Sept 4, 1928 |

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Eastlan[illegible]

TION IS VERY important—See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37099

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 1-3 ST. WARD)

2-FULL NAME Mrs Sara Miller

(a) RESIDENCE NO. 19 S Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

REGISTERED NO. 17 E 37099

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Moses Miller

6 DATE OF BIRTH (month, day, and year) 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levis (Address) 1439 E Baltimore St

15 Filed 9/4 19 28 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-1, 1928, to 9-3, 1928, that I last saw h alive on 9-3, 1928, and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Chronic Myocarditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Thomas P. Ellegood M. D.

9/3, 19 28 (Address) 31 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Nevsem Park — DATE OF BURIAL 9/6 19 28

20 UNDERTAKER Jack Levis 1439 E Baltimore St — ADDRESS

1928 SEP 4 A.M. RECEIVED M.D.

TION is very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Bks.

E 37100

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-001

E 37100

1—PLACE OF DEATH Union Memorial Hosp

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33 d Calvert St STS. (or WARD) 7 | 9 | 50

2—FULL NAME Baby ? Connelly

(a) RESIDENCE NO. 403 Wilbridge ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Infant |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10? 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 24 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER M. F. Connelly

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Elizabeth Bentley

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Public Health Nurse

(Address)

15 Filed , 19 H.M.C. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3 1928

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Sept 3, 1928, that I last saw h alive on Sept 3, 1928 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia due to aspiration (?)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wallace Greenwalder, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Sept 4 1928

20 UNDERTAKER W. H. Cook

ADDRESS 502 E Hoffman

Cor.—12-9-25—A Co.—200 Bks.

E 37101

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37101

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. S/S Steel Inventor, off Quarantine. St. 25-77 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joaquim Do Couto. (No. 1.)

(a) RESIDENCE NO. Stowaway on S/S Steel Inventor. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Do not know. |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| About 30 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Brazil.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Do not know.

14 Informant: Immigration Commissioner.

(Address)

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocyanic Acid gas poisoning, in U. S. Quarantine fumigation of ship. Accidental.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Otto Eisenhardt, M. D. (Coroner)

8/1, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Co. Date of Burial 9/5 1928.

20 UNDERTAKER: J. E. Denny 705 Light St.

ADDRESS

Date of death is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37102

## CERTIFICATE OF DEATH.

× 181-006

E 37102 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. S/S Steel Inventor, off Quarantine. St. 25-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Antonio~~ Antonino Dos Santos. (No.2.)

(a) RESIDENCE NO. Stowaway on S/S Steel Inventor. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | ~~Do not know.~~ Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): March 23. 1897 ~~Do not know.~~

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| About ~~35~~ | 31 | 5 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Agricultor ~~Do not know.~~

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Tabua Tabua

(State or country) Portugal ~~Brazil.~~ Midoes Midoes

PARENTS

10 NAME OF FATHER ~~Do not know.~~ Manuel dos Santos

11 BIRTHPLACE OF FATHER (city or town): Portugal

(State or country) ~~Do not know.~~

12 MAIDEN NAME OF MOTHER ~~Do not know.~~ Ana Rosa

13 BIRTHPLACE OF MOTHER (city or town): Portugal

(State or country) ~~Do not know.~~

14 Informant: Immigration Commissioner.

(Address) Consul General of Portugal

15 Filed ....., 1928 [illegible] Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocyanic Acid gas poisoning, in U. S. Quarantine fumigation of ship. Accidental.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Oscar L. Rembard M. D. (Coroner)

9/1, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? See remarks on record

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holly Cemetery Date of Burial 9/5 1928

20 UNDERTAKER: J. F. Dorsey ADDRESS 710 Light

Of Death in plain terms, describing the disease and not the mode of dying, such as cancer, stroke, or debility. Name of disease may be given in addition, if known, but not alone. If from violence, state the means and kind of injury, as burn, fracture, drowning, and whether accidental, suicidal or homicidal. If deaths are numerous, make returns on separate certificates. See instructions on back of certificate. very important.

Cor.—12-9-25—A Co.—200 Blks.

E 37103

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

x 181-006 E 37103

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. S/S Steel Inventor, off Quarantine. St. 25-17 Ward)

2-FULL NAME Manoel Agostimin. (No. 3.)

(a) RESIDENCE NO. Stowaway on S/S Steel Inventor. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White | Do not know. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | About 30 | --------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brazil.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Immigration Commissioner.

(Address)

15 Filed SEP 4 1928, 19__ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 24, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hydrocyanci Acid gas poisoning, in U.S.Quarantine fumigation of ship. Accidental.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) (duration) ____ yrs. ____ mos. ____ ds.

(Signed) Otto M. Steinhardt M. D. (Coroner)

8/1/28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross & Allen — Date of Burial 9/5 1928

20 UNDERTAKER: J.E. Dunn — ADDRESS 715 Lyon

OF DEATH in plain words, giving the cause, if any, primary, secondary, and contributory, which gave rise to the mentioned cause, and the duration of each. Indefinite answers, such as "Disease of the heart," "Debility," "Old Age," are of no value, and should be avoided. If deaths occurred from violence, state the nature of injury, as "Fracture of skull," "Laceration of brain," etc., and state whether accidental, suicidal, or homicidal. This information is very important. See instructions on back of certificate.

Cor.—12-9-25—200 Blks.

E 37104

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37104

REGISTERED NO.

1-PLACE OF DEATH S/S Steel Inventor, off Quarantine.

City of BALTIMORE: (No. 25-77 St. Ward)

2-FULL NAME Manoel Da Silva. (No. 4.)

(a) RESIDENCE NO. Stowaway on S/S Steel Inventor. St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | ~~Married~~ Do not know. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Do not know.

6 DATE OF BIRTH (month, day, and year) ~~Sept 0-1891~~ Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 ~~About 30~~ | 11 | 18 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ~~Farmer~~ Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) SÔZA-Vagos
(State or country) Portugal ~~Brazil.~~

10 NAME OF FATHER ~~Do not know.~~ Antonio da Silva

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Portugal Do not know.

12 MAIDEN NAME OF MOTHER ~~Do not know.~~ Louiza Nunes d'almeida

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Portugal ~~Do not know.~~

14 Informant Immigration Commissioner.
(Address) Consul General of Portugal

15 Filed SEP 4 1928 19 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hydrocyanic Acid gas poisoning, in U. S. Quarantine fumigation of ship. Accidental.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto W. Reinhardt M. D.
(Coroner)

9/1 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Date of Burial 9/5 19 28

20 UNDERTAKER J E Denny ADDRESS 715 Fayette

OF DEATH in plain terms. Do not use abbreviations or initials. The certificate is required by law, and every question must be answered if possible. Omissions cause unnecessary delay and may be very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Blks.

E 37105

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37105

## CERTIFICATE OF DEATH.

X 181-006

1-PLACE OF DEATH S/S Steel Inventor, off Quarantine.

City of BALTIMORE: (No. ____ St. ____ Ward) 25-D

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jose Joaquim Lopez. (No. 5.)

(a) RESIDENCE NO. Stowaway on S/S Steel Inventor, St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Do not know. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | About 40 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Brazil.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Do not know.

14 Informant ____

(Address) Immigration Commissioner.

15 Filed ____ 19 ____ ____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocyanic Acid gas poisoning, in U. S. Quarantine fumigation of ship. Accidental.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) ____ M. D.

(Coroner)

9/1 · 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Balto. Co. Date of Burial: 9/5 1928.

20 UNDERTAKER: J E Denny 765 Lucas St. ADDRESS

Of DEATH in plain letters, using ink. Do not use abbreviations. Data for Items 9, 10, 11, 12, 13 and 16 very important. See instructions on back of certificate.

Cor.—12-9-26—A Co—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37106

E 37106

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH S/S Steel Inventor,

City of BALTIMORE: (No. off Quarantine. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Manuel Pereira Da Souza, (No.6.)

(a) RESIDENCE NO. Stowaway on S/S Steel Inventor. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Do not know. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | About 35 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Brazil.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Immigration Commissioner.

(Address)

15 Filed SEP 4 1928 19 H. HANSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocyanic Acid gas poisoning, in U. S. Quarantine fumigation of ship. Accidental.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) C. H. McKennett M. D.

(Coroner)

9/1, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Date of Burial 9/5 1928

20 UNDERTAKER: J. F. Deering ADDRESS 715 E. Light

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Hkm.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37107

## CERTIFICATE OF DEATH.

X181-006 E 37107

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Baltimore General Hospital. (Ward)

2-FULL NAME Joao Da Silva Roquei. (No.7.)

(a) RESIDENCE NO. Stowaway on S/S Steel Inventor. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE — Years: About 25 — Months: ---------- — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Brazil.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know.

14 Informant: Immigration Commissioner.

(Address)

15 Filed....., 19..... Registrar

SAMPSON [illegible] M. D.

SEP 4 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 24, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy, chemical examination & inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy, chemical examination & inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocyanic Acid gas poisoning, in U. S. Quarantine fumigation of ship. Accidental.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

9/1, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? S/S Steel Inventor off Quarantine.

Former or usual residence August 24, 1928.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pity Chas Cobbs Date of Burial 9/5 28

20 UNDERTAKER: J F Denny ADDRESS 715 Light St

OF DEATH If joint cause, state primary cause first. See instructions on back of certificate. Very important.

Cor.—12-9-25—A Co.—200 Bks.

E 37108

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

9v E 37108

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp. St. 15-63 Ward)

2-FULL NAME Edward H. Jennings

(a) RESIDENCE NO. 3913 Bowman Av- St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 4y yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mar

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Div.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida B. Jennings

6 DATE OF BIRTH (month, day, and year): Feb 7, 1869

7 AGE: Years 59 Months 6 Days 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tool-Dresser

(b) General nature of industry, business, or establishment in which employed (or employer): Dray Plum Co

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: J. Jennings

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Alice Forney

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: J. M. Mills

(Address): Emmorton

15 Filed..... 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2 28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Arteriosclerosis

CONTRIBUTORY (Secondary) Died within five hours

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) A. Pilley (Coroner) M. D.

Sept 3, 19 28 (Address) 1659 Lunder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial: Sept 5 1928.

20 UNDERTAKER: Mrs. John W. Tenfelder ADDRESS: 801 W. Fayette St.

OF DEATH in plain terms, so that they may be very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37109

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31

E 37109

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. (or) WARD) 1523

2-FULL NAME Eva Boyd

(a) RESIDENCE NO. 708 Stockton st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Separated |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1907

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thaddus Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Indin Holliday

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1928, 19 ..... to Sept. 2, 19 28,

that I last saw her alive on Sept. 2, 19 28,

and that death occurred, on the date stated above, at 12.20 a. m.

The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. Path. Clinical

(Signed) Henry C. Smith, M. D.

9-3-, 19 28 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Va

DATE OF BURIAL Sept 5 19 28

20 UNDERTAKER John Havens

ADDRESS 5-3-28 Dolphin

TION IS very important. See instructions on reverse side.

Cor.—12-9-25—A Co.—200 Bks.

E 37110

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

X 188-203

E 37110

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Dougherty

(a) RESIDENCE NO. Laurel, Md. ? St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 40 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed _____ 19__ Registrar

2763 apa

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull. While walking along road near Laurel Md. ran in front of automobile.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edgar Gilbert (Coroner) M. D.

8/31 19 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND SEP 4 - 1928

Cor.—12-9-25—A Co.—200 Blks.

(over)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37111

# CERTIFICATE OF DEATH.

182 E 37111

REGISTERED NO.

1-PLACE OF DEATH Found in Harbor at Foot Bremdent 3-5

City of BALTIMORE: (No. St. Ward)

2-FULL NAME Ivar Jacobson

(a) RESIDENCE NO. unknown St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | unknown |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| about 40 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Norway

PARENTS

10 NAME OF FATHER Jacobson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Norway

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Norway

14 Informant unknown

(Address)

15 Filed....., 19.....

Registrar

## CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accidental Drowning

(duration) Immediate yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

(Signed) James M. Fenton M. D.

(Coroner)

9-2 1928 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER Commissioner Health. ADDRESS

SEP 4 - 1928

THE MORGUE.

Of Deaths in Baltimore. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37112 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37112

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. 14-21 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Johns.

(a) RESIDENCE NO. 1426 E. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Wid |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Not Given

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 2764 RPR Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27 1928

17 I HEREBY CERTIFY, That I attended deceased from 12-30 , 1925 , to 8-27 , 1928 , that I last saw her alive on 8-27 , 1928 , and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Nash, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

SEP 4 - 192

HON is very important. See instructions on back of certificate.

Stee—12-23-21—E.B.R.S.—400 Eks.

E 37113 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37113

# CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 779 W. Lexington St., 18 Ward) Registered No.

2-FULL NAME Baby [illegible] Merson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 779 W. Lexington St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, ~~Widowed~~, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Sept. 1st 1928

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, 0 hrs. or 15 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Raymond Merson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Carrie Hudgins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Md.

14-

(Informant)

(Address)

15-

Filed ..... 192 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Sept. 1st 1928

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1928 to Sept. 1st 1928 that I last saw h.. alive on Sept. 1st 1928 and that death occurred, on the date stated above, at 3-05 P. m.

The CAUSE OF DEATH* was as follows:

Immaturity

(23 weeks gestation)

(Duration) ....yrs. ....mos. ....ds

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Louis H. Krug M. D.

9/1 1928 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. DATE OF BURIAL: ..... 19..

20-UNDERTAKER ADDRESS

C. HAMPSON JONES, M. D.

SEP 4 1928

Instructions on back of certificate.

Rec-12-23-21—E.B.R.S.—400 Bks.

E 37114

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37114

## CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 634 W. Conway St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby boy Hill

(a) Residence No. 634 W. Conway St., Ward.....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 3 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept. 1, 1928.

7-AGE, ....yrs. ....mos. ....ds.

If LESS than 1 day, 3 hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto., Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Robert Hill

11-BIRTHPLACE OF FATHER (city or town) Balto, Md.
(State or Country),

12-MAIDEN NAME OF MOTHER, Eugie Bryan

13-BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or Country), Md.

11- (Informant) Eugie Hill

(Address) 634 W. Conway St.

13- Filed ..... 192..... Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 1, 1928.

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928 to Sept. 1, 1928

that I last saw h alive on Sept. 1, 1928.

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs. ....mos. ....ds

CONTRIBUTORY (Secondary) Maternal syphilis

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam., Wassermann.

(Signed) Wm A. Smithsmond M. D.

, 19 (Address) Md. University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. PUBLIC CEMETERY

DATE OF BURIAL. ....., 19

20-UNDERTAKER. Commissioner Health.

ADDRESS SEP 4 - 1928

Per Wm. E. Woodall

instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Blks.

E 37115

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 37115

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp ST., 7-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Evans

(a) RESIDENCE NO. 629 North Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Evans

6 DATE OF BIRTH (month, day, and year) May 30 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 3 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant (Address) Mrs Elizabeth Evans 629 N Castle St

15 Filed .19 Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31 1925 to Sept. 3 1925 that I last saw him alive on Sept 3 1925, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease with hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Respiratory failure following cerebral hemorrhage (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St. Joseph's

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem DATE OF BURIAL Sept 7 1925

20 UNDERTAKER John Ulrich ADDRESS 2808 Eastern

TION is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Blks.

E 37116

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37116

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2902 Pinewood Ave ST. 7-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Louise Meredith

(a) RESIDENCE NO. 2902 Pinewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of John J. Meredith

6 DATE OF BIRTH (month, day, and year) Mar 29, 1860

| 7 AGE | Years | Months | Days 3 | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 8 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER R B Mason

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Augusta Perry

13 BIRTHPLACE OF MOTHER (city or town) Penna (State or country)

14 Informant Mrs. Perry (Address) 2902 Pinewood Ave

15 Filed ..., 19 ... Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1928

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to Sept 2, 1928, that I last saw h~~er~~ alive on Sept 2, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical exam

(Signed) George M Selby M. D.

9/3, 1928 (Address) 4430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Sept 5 1928

20 UNDERTAKER Joseph Sykes ADDRESS North Ave

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

E 37117 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37117

103

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Frederick Road & Ailes St. 28-11 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emily L. Abbott (Ab-b-t)

(Residence in Baltimore: No. (Grundeys) Frederick Road Ailes St.; 20 yrs. mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE, | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) |
|---|---|---|
| Female | White | Married |

6-DATE OF BIRTH, June (Month) 11 (Day), 1843 (Year)

7-AGE, 23 — 75 yrs. 3 mos. 24 ds. — If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New Orleans La

PARENTS.

10-NAME OF FATHER, Alex Pelsburg

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER, E. M. Lynch

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Greenlawn Sanitarium

(Address) 2211 Winston Frederick Road

15-

Filed....., 191.....

C. HAMPSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 11 (Month) (Day), 1918 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 24 1904, to Sept 11 1918, that I saw h[illegible] alive on Sept 11 1918, and that death occurred, on the date stated above, at 12.10 P.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration)....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Diabetes Mellitus

(Duration)....yrs....mos....ds.

(Signed) Alfred Hamman M. D.

Sept 11, 1918. (Address) 1 E Pleasant St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 24 yrs. 2 mos. 11 ds. In the State 24 yrs. 2 mos. 11 ds.

Where was disease contracted, if not at place of death? At Lee Lynch

Former or usual residence Millersville Md. Anne

19-PLACE OF BURIAL OR REMOVAL, Beverly Mass — DATE OF BURIAL, Sept 16, 1918

20-UNDERTAKER John Oursler Sons & Geo Eutaw Place — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37118

## CERTIFICATE OF DEATH.

90 E 37118

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1431 Park Ave St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmira Hayman

(a) RESIDENCE NO. 1431 Park Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color White Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Hayman

6 DATE OF BIRTH (month, day, and year) Sept 25-1852

7 AGE Years 75 Months 11 Days 9 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md. (State or country)

PARENTS

10 NAME OF FATHER Thos Hayman

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Matilda Morris

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Jerome Hayman (Address) 1431 Park Ave

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) one yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lee M. D.

Sept 3 1928 (Address) Watts Mt & Lewin

(Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salisbury Md. Date of Burial Sept 5 1928

20 UNDERTAKER John C. Mitchell ADDRESS 1900 Eutaw St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37119 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 37119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 Foster Ave. ST. 1-9 WARD)

2-FULL NAME BERTHA REITZ

(a) RESIDENCE NO. 2618 Foster Ave. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Reitz

6 DATE OF BIRTH (month, day, and year) December 28, 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min |
|---|---|---|---|---|
| | 60 | 8 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Frederick Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bertha Wiesmiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Frederick Burmeister (Daughter)

(Address) 2618 Foster Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 2 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 19 1928, to Sept 2 1928, that I last saw her alive on Sept 2 1928 and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Caleb V Kelly M. D.

Sept 4 1928 (Address) 100 S Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Sept. 6 1928

20 UNDERTAKER Henry Sander & Sons Inc. — ADDRESS BALTIMORE ST & BROADWAY

TION is very important. See instructions on

Spec.—1-12-23—M&T—500 Blks.

E 37120

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37120

## CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3810 Mt. Pleasant Ave. ST. 26-37 (WARD)

2-FULL NAME AUGUST POOLE

(a) RESIDENCE NO. 3810 Mt. Pleasant Ave. ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Poole

6 DATE OF BIRTH (month, day, and year) November 11,1843

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 84 | 85 | 9 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Sorter

(b) General nature of industry, business, or establishment in which employed (or employer) Can Factory

(c) Name of employer Tin Decorating Co.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Margaret Poole (Wife)

(Address) 3810 Mt. Pleasant Ave.

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 3 19 28

17 I HEREBY CERTIFY, That I attended deceased from September 1, 1928, to September 3, 1928, that I last saw h[illegible] alive on September 3, 1928 and that death occurred, on the date stated above, at 7.30 p. m

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Allen P Beetham, M. D.

9-4, 1928 (Address) 3 Roy E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Sept. 5 19 28

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: BALTIMORE ST. & BROADWAY

Spec.—1-12-23—M&T—500 Blks.

E 37121

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37121

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. ST. 17-51 WARD)

2-FULL NAME Asher McCabe.

(a) RESIDENCE NO. Milford Del ST., WARD Georgetown Del
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | widower. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Aug 13 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 0 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer) U.S.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware.

PARENTS

10 NAME OF FATHER Isaac McCabe.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware.

12 MAIDEN NAME OF MOTHER Margaret Sudan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 3, 1928, that I last saw him alive on Sept 3, 1928, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar right Lower lobe.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On board ships

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Lab. findings

(Signed) Houston G Foster M. D.

, 19 (Address) U.S. Marine Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's, Hampden — DATE OF BURIAL Sept 5, 1928

20 UNDERTAKER E. Leroy Stiffler — ADDRESS 25 E. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37122

## CERTIFICATE OF DEATH.

E 37122

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. Sinai Hospital St. 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Debald Sr.

(a) RESIDENCE NO. 227 S Broadway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23 - 25

7 AGE Years 3 Months 3 Days 10 IF LESS than 1 day.....hrs. or.....min. 15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John Debald

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Gertrude Jankolski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant John Debald

(Address) 3275 Washington Av

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. ds.

Sept 4 1928 (Signed) G C Slade M. D.

(Coroner)

(Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Sept 5 1928

20 UNDERTAKER F W Bozenski ADDRESS 1930 Eastern Av

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37123

## CERTIFICATE OF DEATH.

8 V E 37123

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE, ~~Carlton~~ ~~Cathcart~~ St. 10-14 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Cathcart~~ Krieger

(a) RESIDENCE NO. 1237 N No Central ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Wid |

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ~~Aug~~ 30-1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ~~55~~ 52 | | 7 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 604

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Gustav Krieger

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Carl Balto

13 BIRTHPLACE OF MOTHER (city or town) Balto Unknown
(State or country)

14 Informant Records BALTIMORE CITY HOSPITALS
(Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-20, 1928, to 9-2, 1928, that I last saw him alive on 9-2, 1928, and that death occurred, on the date stated above, at 10.00 P. m.

The CAUSE OF DEATH* was as follows:

Multiple neuritis Alcolic
with Respiratory Failure
(Paralysis of Diaphragm)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab

(Signed) R. M. Wood, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 9-5-1928

20 UNDERTAKER M. Fahey & Sons — ADDRESS 1127 N Howard Ave.

TION IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37124

## CERTIFICATE OF DEATH.

101-001 E 37124

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 Lewis ST., 5-6 WARD)

2-FULL NAME Annie Griffin

(a) RESIDENCE NO. 43 Lewis ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Griffin

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE: Years 37; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hampton Va.

PARENTS

10 NAME OF FATHER: George Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Eva Sherrod

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va. Va.

14 Informant: Wm. H. Griffin (Address): 43 Lewis St

15 Filed Sept 7, 1928 Registrar: RLK

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928 to Sept 4, 1928 that I last saw h[illegible] alive on 1928 and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 1 mos 5 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

(Address) Baltimore Md

Sept 7, 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashby Cem. DATE OF BURIAL: Sept. 7 28

UNDERTAKER: Chas. N. Johnson ADDRESS: 46 N. Carrollton Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 37125

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37125

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 209 West Hoffman St. 11-24 (WARD)

2-FULL NAME Priscilla Dunkley

(a) RESIDENCE. No. 209 West Hoffman ST., ... WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col't

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Dunkley

6 DATE OF BIRTH (month, day, and year): October 22 1863

7 AGE: 64 Years 65 | Months 10 11 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home Work

(c) Name of employer: Benjn Dunkley

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Davis Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary Ebin Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant. Benjn Dunkley (Address) 209 West Hoffman St Balto Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1 1928 to Sept 2 1928, that I last saw her alive on Aug 25 1928, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) X yrs. 3 mos. X ds.

CONTRIBUTORY (Secondary): General debility

(duration) X yrs. 2 mos. X ds.

18 Where was disease contracted if not at place of death? at 209 West Hoffman

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms attended

(Signed) F. T. Z. Benson M. D.

Sept 4 1928 (Address) 6010 York Road Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fools Hill. Baltimore Co. | DATE OF BURIAL: 9/5/ 1928

20 UNDERTAKER: Joseph A Lively | ADDRESS: 409 W Mount St

FAILURE TO RECORD DEATH IN PLAIN TERMS, So that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37126

## CERTIFICATE OF DEATH.

90 E 37126

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST., 18-26 WARD)

2-FULL NAME Ellen Wilson

(a) RESIDENCE NO. 215 Lower Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Wid |

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or.....min. |
|---|---|---|---|---|
| | 77 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Emery Codden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clementine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-28, 19 to 9-3, 19 28 that I last saw h alive on 9-3, 19 28, and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

Chronic Myocarditis -

(duration) 1 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted - ? if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Slack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 9/3 1928

20 UNDERTAKER Dan Tarbon

ADDRESS 916 Oc ave

Spec.—1-12-23—M&T—500 Blks.

E 37127

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31

E 37127

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Camphor

(a) RESIDENCE NO. 53 S. Stockton st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Camphor

6 DATE OF BIRTH (month, day, and year) 1903

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 25 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 013

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John Camphor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14

Informant Hospital Records

(Address)

15

Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2, 1928

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Sept. 2, 1928, that I last saw h.. alive on Sept. 2, 1928 and that death occurred, on the date stated above, at 7.55 p. m.

The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab Path & Clinical

(Signed) Henry C Smith, M. D.

9-2-1928 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cem | 9-5 1928 |

20 UNDERTAKER David Carson Co

ADDRESS 916

Spec.—1-12-23—M&T—500 Blks.

E 37128

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 Vine ST. (WARD) 20-27

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irvin Waters Griffin

(a) RESIDENCE NO. 1812-Vine ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7-19 [illegible]

7 AGE: Years 1 Months 7 Days 24

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nathaniel Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Louise Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Louise Griffin

(Address) 1817 Vine St

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 19 27

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 19 27, to Sept 3, 19 27, that I last saw him alive on Sept 2, 19 27, and that death occurred, on the date stated above, at 8:4 m

The CAUSE OF DEATH* was as follows:

Drowning Accidental

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patapsco River

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter Poe Jr, M. D.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Sept 5th 19

UNDERTAKER: A. Jones — ADDRESS: 1114 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

# HEALTH DEPARTMENT--CITY OF BALTIMORE

E 37129

## CERTIFICATE OF DEATH

E 37129

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Annapolis rd West port ST. or WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sara Beatty

(Residence in Baltimore: No. Annapolis rd Westport St.: 35 yrs. mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: may 5, 1872 (Month) (Day) (Year)

7 AGE: 56 yrs. 4 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Hanover Md

PARENTS

10 NAME OF FATHER: Wm Mauley

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Quigley

13 BIRTHPLACE OF MOTHER (State or country): new jersey

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna Meldau

(Address) Annapolis rd, westport

15

Filed , 191

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 3 - , 1928 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug - 30, 1928, to, sept - 3 - 1928, that I saw h alive on Sept - 3 - 1928, and that death occurred, on the date stated above, at 6 a - m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(Duration) about 3 4 months yrs. mos. ds

Contributory (SECONDARY) none, no autopsy no operation X ray & confirmed diagnosis

(Duration) yrs. mos. ds.

(Signed) Herman Seidel M. D.

Sept - 7, 1928 (Address) 2407 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

| | yrs. | mos. | ds. | | yrs. | mos. | ds. |
|---|---|---|---|---|---|---|---|
| At place of death | | | | In the State | | | |

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Agustine Cemetery

DATE OF BURIAL: Sept 6, 1928

20 UNDERTAKER: Longfields 1210 W Lombard

ADDRESS

THE CAUSE OF DEATH must be stated plainly, so that it may be properly classified. Each item is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

37130

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129E 37130

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 ~~Eastern~~ Fait Ave ST. 26-37 WARD)

2-FULL NAME Susan Ann Allen

(a) RESIDENCE NO. 3707 ~~Eastern~~ Fait Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry D. Allen

6 DATE OF BIRTH (month, day, and year): Sept 21-1848

7 AGE: Years 79 | Months 11 | Days 18 | If LESS than 1 day, ....hrs or ....min.

8 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work: ~~Housework~~ None

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Maryland Balto County

PARENTS

10 NAME OF FATHER: John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md Balto

12 MAIDEN NAME OF MOTHER: Harriet Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. S. Allen

(Address): 3707 Fait Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 3 1928.

17

I HEREBY CERTIFY, That I attended deceased from ..., 1928, to Sept 3, 1928.

That I last saw him alive on Sept 3, 1928

and that death occurred, on the date stated above, at 1.03 P. m.

The CAUSE OF DEATH* was as follows:

Uremia following chronic nephritis

(duration) Several years yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. W. Wright, M. D.

9/4, 1928 (Address) 1014 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Sept 6 1928

20 UNDERTAKER: John Ulrich

ADDRESS: 2288 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

37131

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 37131

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 823 Rutland Ave St., 7-13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eudine Holeman

(a) RESIDENCE NO. 823 Rutland Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 10/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | | 6 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Gordon Holeman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Essie Washington

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S.C.

14 Informant Mother

(Address)

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia (Primary)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. Culley M. D.

(Coroner)

2/4/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem. Date of Burial Sept 1-28

20 UNDERTAKER Mrs R A Elliott ADDRESS 1725 Ashland Av

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Irvin Galvansky

E 37132 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

44 E 37132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 5-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irvin Galvansky

(a) RESIDENCE NO. 204 N. Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Linda

6 DATE OF BIRTH (month, day, and year): Dec. 6. 1880

7 AGE: Years 47 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Rubin Galvansky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rosa Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Nathan Galvansky

(Address) 4415 Old Pimlico Rd

15 Filed Sept 5 1928. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 4 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 29, 19 28 to Sept. 4, 19 28,

that I last saw h living alive on Sept. 4, 19 28,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Oesophagus cal & Respiratory obstruction.

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 1, '28

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-Ray.

(Signed) Luther L. Kinzel, M. D.

Sept 4 1928 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: Sept 5 1928

20 UNDERTAKER: S. Levinson Bro

ADDRESS 1275 Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

E 37133

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 W Mulberry St., 18-76 31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Dyer Rowley

(a) RESIDENCE No. 927 W Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 9, 1910

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 18 | 5 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Daniel Rowley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Rebecca Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clifton Forge Virginia

14

Informant Rebecca Dyer Rowley

(Address) 927 W. Mulberry St.

15

Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1928, to Sept 3, 1928.

that I last saw him alive on Sept 2, 1928

and that death occurred, on the date stated above, at 845a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(duration) yrs. 3 mos X ds.

CONTRIBUTORY (Secondary) X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Microscopic

(Signed) V. Ben Kilbourne, M. D.

, 19 (Address) 601 Carroll Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Sept 6, 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3221 Schroeder St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 37134 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37134

CERTIFICATE OF DEATH. 103

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Mt Holly ST. 15-65 WARD)

2-FULL NAME Elise J. Bienemann

(a) RESIDENCE NO. 2118 Mt Holly ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Bienemann

6 DATE OF BIRTH (month, day, and year) June 4th 1846

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 82 | 3 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fort Wayne Ind.

PARENTS

10 NAME OF FATHER Christian Prepenbrink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mencher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Anna Bienemann (Address)

15 Filed ....., 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 1926, to Sept 4, 1928, that I last saw h[illegible] alive on Sept 2nd, 1928, and that death occurred, on the date stated above, at 7 4 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) old age

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo Heuman M. D.

Sept 4 1928 (Address) 3002 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grand Rapids, Mich.

DATE OF BURIAL 9/6/ 1928

20 UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Ed. Blvd.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37135 E 37135

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST., W. · WARD) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Bailey

(a) RESIDENCE NO. Street Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 yrs | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Street Md.

PARENTS

10 NAME OF FATHER Herbert Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hosp Records.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from August 1 1928 to Sept. 5 1928, that I last saw him alive on Sept. 7 1928, and that death occurred, on the date stated above, at 1 20 a m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis following mixed tumor of parotid gland.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ascension Cem. Harford Co Md

DATE OF BURIAL Sept 8th 1928.

20 UNDERTAKER E. & B. Hark

ADDRESS 115 E. West St.

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Werten ·

37136

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37136

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 5-6 ST. WARD)

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ole Inperten

(a) RESIDENCE NO. 100 S Front ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year) 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 67 | ? | ? | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Ole. Werten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Hansen?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant BALTIMORE CITY HOSPITALS (Address)

15 Filed , 19 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/4 1928

17

I HEREBY CERTIFY, That I attended deceased from 7/30, 1928, to 9/4, 1928, that I last saw h alive on 9/4, 1928 and that death occurred, on the date stated above, at 10.15 A.M.

The CAUSE OF DEATH* was as follows:

Accounting of Work

Duration: yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible], M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cemetery

DATE OF BURIAL Sept 6 1928

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Broadway & Baltimore St.

1928 C. HAMPTON JOHNS M.D.

Spec.—1-12-23—M&T—500 Bks.

E. 37137

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100 001 E 37137

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST., 9-18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert De Huff

(a) RESIDENCE No. 1010 E. Hoffman ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | not given |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rose A. DeHuff

6 DATE OF BIRTH (month, day, and year) June 20 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 2 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Daniel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Angeline

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant ..... (Address) BALTIMORE CITY HOSPITALS

15 Filed Sep 28 1928 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-4-28, 19 ..., to 9-4, 19 28, that I last saw him alive on 9-4, 19 28, and that death occurred, on the date stated above, at 2.00 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Alcoholism, Chr unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Laboratory

(Signed) H. M. Work, M. D.

19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL Sept 7 1928

20 UNDERTAKER Wm Corkran — ADDRESS 112 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

E 37138

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37138

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1453 Orrington St. 24-34 Ward)

2-FULL NAME Maria Anastasia Konski

(a) RESIDENCE NO. 1453 Orrington st. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | Wht | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Konski

6 DATE OF BIRTH (month, day, and year) ?

| 7 AGE Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| about 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Anton Zashinski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Frank Konski

(Address) 1453 Orrington St

15 Filed 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from 8, 30, 1928, to Sept 3, 1928, that I last saw her alive on Sept 3, 1928, and that death occurred, on the date stated above, at 12 M m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. J. Burlington, M. D.

, 19 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Date of Burial Sept 6 1928

20 UNDERTAKER E B Hale ADDRESS 1156 E Fort Av

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

37139

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 37139

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 N. Luzerne ave STR. 6-10 WARD)

2-FULL NAME Mary E. Maloney

(a) RESIDENCE NO. 447 N. Luzerne ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael A. Maloney.

6 DATE OF BIRTH (month, day, and year) Dec, 18, 1860

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|
| 67 | 8 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Terence Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Linton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14

Informant Mrs. Leo J. Maloney.

(Address) 447 N. Luzerne ave

15

Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2. 1928

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1928 to Sep. 2, 1928, that I last saw her alive on Sep. 1, 1928 and that death occurred, on the date stated above, at 10.30 P. m

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Pessano, M. D.

9-4, 1928 (Address) 5 W 14 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Sept. 6, 1928

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto

Spec.—1-12-33—M&T—500 Blks.

E 37140

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 37140

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 East Balto St. 7-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Connelly

(a) RESIDENCE NO. 3507 East Balto St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Connelly

6 DATE OF BIRTH (month, day, and year) May 8, 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| 60 | 68 | 3 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Connelly

(Address) 3507 East Balto St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928, to Sept 2, 1928, that I last saw her alive on Sept 2, 1928 and that death occurred, on the date stated above, at 6 20 9 m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Arteriosclerotic Nephritis (duration) 1 yrs. — mos. — ds.

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Dohleeder, M. D.

9/7, 1928 (Address) 330 N. Bachman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 6, 1928

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St

SEP 5 1928 RAYMOND JONES, M.D.

RRH

Spec.—1-12-23—M&T—500 Bks.

(Sarandi)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37141

## CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS X 29 E 37141

1-PLACE OF DEATH [redacted]

CITY OF BALTIMORE: (No.) 1627 ST. (or WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sarandi

(a) RESIDENCE NO. 408 N. Bway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | White | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 08

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Peter Sarandi

11 BIRTHPLACE OF FATHER (City or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Pfan ?

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Greece

14 Informant (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed , 19 2765 RPB Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/31 19 28

17

I HEREBY CERTIFY, That I attended deceased from 8/21, 19 28, to 8/31, 19 28, that I last saw h[redacted] alive on 8/31, 19 28, and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Pt Kelly

Cardiac (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Bronch. Pneum. (duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 8/24/28

Was there an autopsy? No

What test confirmed diagnosis? Sputum type

(Signed) R. Mitchell, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

SEP 4 - 192[illegible]

Stec—12-23-21—E.B.R.S.—400 Blks.

E 37142

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37142

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 N. Stricker St. St., 27 Ward)

Registered No. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Baby Girl Nicholson

(a) Residence No. 403 N. Stricker St. St., Ward...

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE, | 5-Single, Married, Widowed, or Divorced. (Write the word.) |
|---|---|---|
| Female | Colored | single |

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Sept. 3, 1928

| 7-AGE. | If LESS than 1 day, |
|---|---|
| 1 hr. 50 min. yrs. mos. ds. | hrs. or. min.? |

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer)... None

(c) Name of employer...

9-BIRTHPLACE (city or town)... Balto., Md. (State or Country),

PARENTS.

10-NAME OF FATHER, William Nicholson

11-BIRTHPLACE OF FATHER (city or town)... Brooklyn, Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Estelle Wells.

13-BIRTHPLACE OF MOTHER (city or town)... Queen Annes Co. Md. (State or Country),

14-

(Informant)...

(Address)...

15-

Filed ..... 192.....

Registrar.

Sept 11

2767

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Sept. 3, 1928

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3, 19 28, to Sept. 3, 19 28, that I last saw h.. alive on Sept. 3, 19 28 and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(about 5 months)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?...

Did an operation precede death?... No Date of...

Was there an autopsy?...

What test confirmed diagnosis?...

(Signed) Theodore Wollak M. D.

, 19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL, ..... 19.... |
|---|---|
| 20-UNDERTAKER. | ADDRESS |

UNIVERSITY HOSPITAL
1020 E. MADISON JONES, M. D.
Commissioner Health. SEP 5 - 1928

Spec.—1-10-21—M&T—1500 Blks.

E 37143

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37143

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 E. 30th St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Matilda White

(a) RESIDENCE NO. 1923 E 30th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | widowed |

5a If married, widowed, or divorced (or) WIFE of Alexander White

6 DATE OF BIRTH (month, day, and year) Oct. 12. 1855

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 10 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

PARENTS

10 NAME OF FATHER John Rogers

11 BIRTHPLACE OF FATHER (city or town) Somerset Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Miranda Shores

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co. (State or country) Md.

14 Informant Brady White

(Address) 2802 Ruckert Ave (Hamilton)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4. 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 , 19 28 , to Sept 4 , 19 28 that I last saw h alive on Sept 4 , 19 28 , and that death occurred, on the date stated above, at 10;55 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Thrombosis)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardio vascular disease

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph L Hoyt , M. D.

, 19 (Address) 262 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Deal's Island Md.

DATE OF BURIAL 9-6-28 19

20 UNDERTAKER Hughes Jones Inc

ADDRESS 424 N Broadway

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37144

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37144

## CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Abbot St ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice BecKham

(a) RESIDENCE No. 1632 Abbot st ST., WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. 6 mos. 11 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Col | — |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2/17/28

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 6 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) md

PARENTS

10 NAME OF FATHER Rhodie BecKham

11 BIRTHPLACE OF FATHER (city or town) Alexandria (State or country) Va.

12 MAIDEN NAME OF MOTHER Viola Duncan

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mother (Address) 1632 Abbot st

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 7, 1928, that I last saw h[illegible] alive on Sept 7, 1928, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhea and Enteritis

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Calvin Byrd LeCompte, M. D.

, 19 (Address) 814 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosary Cem. DATE OF BURIAL Sept 10 1928

20 UNDERTAKER Thos J. Locks ADDRESS 1302 Jeffer

CLARENCE JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37145

## CERTIFICATE OF DEATH.

113 E 37145

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Turkin

(a) RESIDENCE NO. 135 N. Exeter St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22/24

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 10 | 14 | 13 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Steve Turkin

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Austria

12 MAIDEN NAME OF MOTHER Louisa Hoffman

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Austria

14 Informant Father

(Address)

15 Filed _____, 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(Autopsy at Sinai Hospital)

(duration) ___ yrs. ___ mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Indigestion (duration) ___ yrs. ___ mos. 21 ds.

(Signed) J. H. Ball M. D.

(Coroner)

9/5/25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Date of Burial Aug 5 1920

20 UNDERTAKER Wendel & Heppe ADDRESS 301 Eden

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37146

## CERTIFICATE OF DEATH.

88-007

18 E 37146

1-PLACE OF DEATH

City of BALTIMORE: (Name) Union Memorial Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Dunkins

(a) RESIDENCE NO. 165 Calvert St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | M |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willie M. Jay Dunkins

6 DATE OF BIRTH (month, day, and year) 12-25-1903

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 24 | 25 | 8 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) So. C

PARENTS

10 NAME OF FATHER William Dunkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) So. C.

12 MAIDEN NAME OF MOTHER Sophie Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) So. C.

14 Informant Willie M. Jay Dunkins

(Address) 165 Calvert St

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Injuries from Motor Cycle accident

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. Morrissey M. D.

(Coroner)

9/5, 19 28 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State..... yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Crem — Date of Burial 9-6 19 28

20 UNDERTAKER: Byron Knight — ADDRESS 1218 Eutaw pl

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37147

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37147

## CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 653 W. Lee ST. 77-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Jenkins

(a) RESIDENCE NO. 653 W. Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stephens Jenkins

6 DATE OF BIRTH (month, day, and year) Feb 2, 1893

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or ... min. |
|---|---|---|---|---|
| | 35 | 7 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Johnson Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hattie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Stephens Jenkins 653 W. Lee St

15 Filed , 1928 R.O.C. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4, 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928 to Sept 4, 1928, that I last saw her alive on Aug 3, 1928, and that death occurred, on the date stated above, at 5.20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Petterson, M. D.

, 19 (Address) 817 Hamilton Terr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Sept 6 1928

20 UNDERTAKER J. E. Brown & Son — ADDRESS 108 W. Monument St

TION is very important. See instructions on back.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37148

E 37148

## CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1236 S. Eutaw ST., 21-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett Annie Hatton

(a) RESIDENCE NO. 1236 S. Eutaw ST., 21 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced (~~HUSBAND~~ or) WIFE of: George Hatton

6 DATE OF BIRTH (month, day, and year): May 4 1869

7 AGE: Years 61 Months 3 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Rockhall Kent Co. Md.

PARENTS

10 NAME OF FATHER: George Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: J. L. Brown & Son (Address): 1st & W. Fayette sts.

15 Filed ____, 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/5/ 19 28

17

I HEREBY CERTIFY, That I attended deceased from 8/21/ , 19 28 , to 9/5/ , 19 28 ;

that I last saw h[illegible] alive on 9/4 , 19 28 ;

and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis. Hypostatic

Acute Dilatation.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chr Lymphadenitis

Septicemia (duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) [illegible] Bishop, M. D.

, 19 (Address) 709 Hurst St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct — DATE OF BURIAL: Sept 8 1928

20 UNDERTAKER: J. L. Brown & Son — ADDRESS: 1st & W. Fayette sts.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

37149 — 9 E 37149

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2212 Oak. St. 12 Ward) 1931

2-FULL NAME James R. Dorsey

(a) RESIDENCE NO. 2212 Oak St. 12 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | C. | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11, 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 4 | 23 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Sheldon Custer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Hersey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Emma Hersey
(Address) 2212 Oak St.

15 Filed..... 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest, aforesaid find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Whooping Cough

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) ..... (Coroner) M. D.

9/5 1931 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Date of Burial Sept 8, 28

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Eastlander

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

37150

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

3/ E 37150

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST., [illegible] WARD) 7-13

2-FULL NAME William Watson

(a) RESIDENCE NO. 1636 Bares st. ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1920

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 8 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Watson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace Blufid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14

Informant Hospital Records
(Address)

15

Filed ....., 19 .....

[illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2, 19 28

17

I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1928, to Sept. 2, 19 28,

that I last saw him alive on Sept. 2, 19 28,

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Lab & Clinical

(Signed) Henry C Smith M. D.

9-2-, 19 28 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Calvary | Sept 6 19 28 |
| 20 UNDERTAKER Mrs. P. C. Elliott | ADDRESS 1705 Eastlan[illegible] |

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37151 E 37151

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospital

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St. 41-24 WARD)

2-FULL NAME Mary E. Teacher

(a) RESIDENCE NO. 784 W. Hamburg St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Edward Teacher

6 DATE OF BIRTH (month, day, and year): June 4th 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 39 | | 3 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Clayton Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Anna Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Balto City Hospitals Balto Md

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/5 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-5, 1928, to 9-5, 1928, that I last saw her alive on 9-4, 1928, and that death occurred, on the date stated above, at 1.10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis of Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? Clinical findings

What test confirmed diagnosis?

(Signed) Mary E. Codrington M. D.

9/5, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: Sept 7th 1928

20 UNDERTAKER: John J. Cowan & Son

ADDRESS: 901 Hollins St.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37152

## CERTIFICATE OF DEATH.

188-103

E 37152
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Monument & Lakewood Aves., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marian A. Smith

(a) RESIDENCE NO. #524 E. 38th. St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8th. 1902

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 26 | 2 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Saml. F. Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Amelia H. Brittingham

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Saml. F. Smith
(Address) 524 E 38th St

15 Filed ....., 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed head & other injuries
Accidently run over by autotruck
lakewood Ave & Monument St.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. V. Patten M. D.
(Coroner)

18 (Address) 9/5/28 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., .....mos., .....ds. In the State .....yrs., .....mos., .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Date of Burial 8/6 1928

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans St

very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37153

## CERTIFICATE OF DEATH.

E 37153

REGISTERED NO. 90 37153

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1071 W. Lexington ST. 18-76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth (Betsy) Chase

(a) RESIDENCE. No. 1071 W. Lexington ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Levi Chase

6 DATE OF BIRTH (month, day, and year) Unknown-1855

7 AGE Years 73 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Va.

PARENTS

10 NAME OF FATHER Henry Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Accomac Co. Va.

12 MAIDEN NAME OF MOTHER Esther Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Willie A. Hays
(Address) 107 W Lexington

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 - 4 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-15-, 1928, to 9-4, 1928, that I last saw her alive on 9-4, 1928, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal complications

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? clinical

(Signed) H. Marco Williams, M. D.

9-5, 1928 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M Auburn

DATE OF BURIAL 9/7 1928

20 UNDERTAKER Jno. H. Chase Inc

ADDRESS 140 N. [illegible]

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37154

## CERTIFICATE OF DEATH.

E 37154

154-28K

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lentner

(a) RESIDENCE NO. 113 N. Wolfe St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16/28

7 AGE

| Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|
| | 1 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Lentner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Gentinger

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Father
(Address)

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Circulatory failure

Autopsy at Hospital)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital Malformation of heart

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Paul, M. D.
(Coroner)

9/5/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Sept. 6 1928

20 UNDERTAKER Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37155

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37155

## CERTIFICATE OF DEATH.

1293

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 E. 28th ST. 9-46 WARD)

2-FULL NAME Thomas Murphy

(a) RESIDENCE No. 1600 E. 28th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Murphy

6 DATE OF BIRTH (month, day, and year) July 6, 1870

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 1 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kingan's Provision Co.

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary Murphy.

(Address) 1500 E. 28th St.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Sept 4, 1928, that I last saw him alive on Sept 3, 1928, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Brights Disease

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Fred. L. Zimmerman M.D.

9/5, 1928 (Address) 1535 E. Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Sept 7, 1928

20 UNDERTAKER Elmer W. Conklin — ADDRESS 424 E. Eager St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Duffy

E 37156 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37156

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 142 N Clinton ST. 26-39 (WARD) 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fritz Duffy

(a) RESIDENCE. NO. 142 N Clinton ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 4 minutes mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 9-4-26

7 AGE: Years: 0 Months: mo Days: 4 If LESS than 1 day hrs. or 4 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fritz

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Owen Duffy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catherine Ridgely

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Duffy (Address): 142 N Clinton

15 Filed 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-4-26

17 I HEREBY CERTIFY, That I attended deceased from 9-4-26 to 9-4-26

that I last saw h alive on 9-4-26

and that death occurred, on the date stated above, at 6 00 m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

Edema Glottis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Howard Gardiner M. D.

(Address) 100 N Broadway

•State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral cem. DATE OF BURIAL: Sept 7, 1926

20 UNDERTAKER: J Walter Davis ADDRESS: 3307 Paine St

Spec.—1-12-28—M&T—500 Bks.

E 37157

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37157

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 58-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST. 94-33 WARD)

2-FULL NAME Helen R. Mortimer

(a) RESIDENCE NO. 128 E. Jettings ST., 94 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | ~~Wid~~ married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles E. Mortimer

6 DATE OF BIRTH (month, day, and year) — — 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 53 | | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Robert Fogler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Heckat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Friends (Address) BALTIMORE CITY HOSPITALS

15 Filed , 19 RLW Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-5 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-6-30, 1928, to 9-5, 1928, that I last saw her alive on 9-5, 1928, and that death occurred, on the date stated above, at 5.00 A. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Combined Degeneration of Spinal Cord (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys & Laboratory

(Signed) H. McHugh, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Mem

DATE OF BURIAL 9/8 1928

20 UNDERTAKER John F. Gahagan & Sons

ADDRESS 18 Eagle

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

215533 E 37158 CERTIFICATE OF DEATH * 105 E 37158

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mattie Chenoweth

(a) RESIDENCE NO. Stevenson ST., Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred— yrs. 2 mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Chenoweth

7 DATE OF BIRTH (month, day, and year) Nov. 7 1864

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 9 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Peter Wayne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Berkley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) Johns Hopkins Hosp

15 Filed 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-4-1928

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1928, to Sept-4, 1928, that I last saw h.r alive on Sept-4, 1928 and that death occurred, on the date stated above, at 6.50 p m.

The CAUSE OF DEATH* was as follows:

Myocardial failure.

Bronchial asthma

Emphysema

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C O Briggs, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Thomas Cemetery | Sept 7 1928 |
| 20 UNDERTAKER | ADDRESS |
| J F Ebaugh | Reisterstown Md |

Spec.—1-12-23—M&T—500 Blks.

Wm Irving

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-601

E 37159

E 37159

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ..... ST. 22-30 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Irving

(a) RESIDENCE NO. 307 W. Pratt ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE — Years: 53 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm H Irving Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant ..... (Address) .....

15 Filed ....., 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/4 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/27, 1928, to 9/4, 1928

that I last saw h[illegible]live on 9/4, 1928

and that death occurred, on the date stated above, at 8 P.M. m.

The CAUSE OF DEATH* was as follows:

Adeno carcinoma

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronch. Pneum.

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 9/3/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. M. Hirsh, M. D.

....., 19 ..... (Address) .....

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Sept 7 1928

20 UNDERTAKER John T. Fields — ADDRESS 1200 W Lombard

BALTIMORE CITY HOSPITALS

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37160

## CERTIFICATE OF DEATH.

113

E 37160

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 W Cross St ST. 21-29 WARD)

2-FULL NAME Joseph Fredrick Harrison

(a) RESIDENCE NO. 717 W Cross St ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 1 | 1 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) md

PARENTS

10 NAME OF FATHER George M. Harrison

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) md

12 MAIDEN NAME OF MOTHER Katherine A. Batell

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) md

14 Informant Mrs. Katherine A. Harrison
(Address) 717 W Cross St.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1928 to Sept 5 1928, that I last saw h in alive on Sept 5 1928 and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

... (duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) ✓

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Hist of Enteritis

(Signed) Walter C. Bacon, M. D.

9/6 1928 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Sept 7 1928

20 UNDERTAKER: Jno. Joerdens & Son — ADDRESS: 247 S Bond St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37161

## CERTIFICATE OF DEATH.

X 57 E 37161

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. ST. 9-17 WARD)

2-FULL NAME Mary E. DeBoy.

(a) RESIDENCE NO. 6705 Beech Ave, Overlea ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick DeBoy.

6 DATE OF BIRTH (month, day, and year) Sept. 8th 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 62 | 11 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto. City.

PARENTS

10 NAME OF FATHER Charles Rebbel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Holler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick DeBoy.
(Address) 6705 Beech ave Overlea

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928, to Sept. 5, 1928, that I last saw h[illegible] alive on Sept 5, 1928, and that death occurred, on the date stated above, at 11 30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus &
carbuncle - chronic
myocarditis -

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis Aortic Cordis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept. 2-1928

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) C. C. [illegible], M. D.

19 (Address) St. Joseph's.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery | DATE OF BURIAL Sept. 10 1928

20 UNDERTAKER Lilly & Zeiler Inc. | ADDRESS 405 S. Monroe St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Tom Jones

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37162

## CERTIFICATE OF DEATH.

31 E 37162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1073 Penn ST., 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tom Johnson Jones

(a) RESIDENCE NO. 1073 Penn ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 8-30-78

7 AGE: Years: 1 one; Months: ; Days: —; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: Tom Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): South.

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Mary Jones 1073 Penn ave

15 Filed 19 2773 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 19 20

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17 19 20 to Sept 17 19 20

that I last saw h alive on Sept 17 19 20

and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Tub. Pulmonary

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

9/7 19 20 (Address) 724 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

SEP 5 - 192

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37163

## CERTIFICATE OF DEATH.

38 E 37163

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 15-61 WARD)

2-FULL NAME Alexander Johnson

(a) RESIDENCE NO. 3412 Elgin ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS
10 NAME OF FATHER Barker Johnson
11 BIRTHPLACE OF FATHER (city or town) England
(State or country)
12 MAIDEN NAME OF MOTHER Mary
13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Records
(Address)

15 Filed ....., 19 .....

2774 R.M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 7-24, 1928, to 9-3, 1928, that I last saw him alive on 9-3, 1928, and that death occurred, on the date stated above, at 6:15 A. m.

The CAUSE OF DEATH* was as follows:
Myocarditis, Chr. & acute
Aortic Insufficiency
tuberculosis (duration) yrs. mos ds.
CONTRIBUTORY (Secondary) arteriosclerosis, Syphilis
tuberculosis (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? tuberculosis
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Phys. Lab

(Signed) W. S. Thuch, M. D.
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL ..... 19

20 UNDERTAKER Commissioner Health. — ADDRESS

SEP 6 - 1928

Spec.—I-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37164

## CERTIFICATE OF DEATH.

90 E 37164

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 15-20 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Byrd

(a) RESIDENCE No. 1562 W Fremont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Col. | not given |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Cement worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Harriet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed ..... 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-6- 1928, to 9-3 1928, that I last saw him alive on 9-3 1928, and that death occurred, on the date stated above, at 6:10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr

Bronchial Asthma

(duration) 2 yrs. mos ds.

CONTRIBUTORY Emphysema

(Secondary) Arteio-Sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hook, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS SEP 6 - 192

For Use of Board

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37165 E 37165

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 619 St. Paul St. St., Ward) 15-64-90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh G. Bowen.

(a) RESIDENCE NO. 3921 Maine Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1861

| 7 AGE | Years | Months | Days 23 | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 67 | 1 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary Shield of

(b) General nature of industry, business, or establishment in which employed (or employer) Honor.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H. Bowen.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. Parker.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Annie A. Knowles. (sister)

(Address) 3921 Maine Ave.

15 Filed....., 19.....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 4, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] (Coroner) M. D.

9/6, 1928 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State .....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial Sept 7 1928

20 UNDERTAKER John B. Spence ADDRESS 1325 N. Carolina St.

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37166

## CERTIFICATE OF DEATH

E 37166

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 9-45 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nathan A Meldrom

(a) RESIDENCE NO. Elliott City Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Non Resident yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27, 1928

7 AGE — Years | Months: 4 | Days: 9 8 | If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Geo. E. Meldrom

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Eva Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Geo. E. Meldrom

(Address) Elliott city

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1928, to Sept 5, 1928, that I last saw him alive on Sept 5, 1928 and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (under 2 yrs)

CONTRIBUTORY (Secondary) (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

9/6, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Cem.

DATE OF BURIAL: Sept. 7, 1928

20 UNDERTAKER: Easton Son

ADDRESS: Ellicott City

Spec.—1-12-23—M&T—500 Blks.

E 37167

# HEALTH DEPARTMENT—CITY OF BALTIMORE

113

E 37167

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1260 Riverside ave ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Steve Monti

(a) RESIDENCE NO. 1260 Riverside ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 22, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, .... hrs or .... min. |
|---|---|---|---|---|
| | 1 | | 13 | |
| | | | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Monti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Evelyn Dadds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant .....
(Address) 1260 Riverside ave

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1928, to Sept 5, 1928,

that I last saw h alive on Sept 5, 1928

and that death occurred, on the date stated above, at 1-30 P m

The CAUSE OF DEATH* was as follows:

Bronchitis

Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) M. L. Campbell M. D.

Sept 6, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross Cemetery | Sept 7 1928 |
| 20 UNDERTAKER | ADDRESS |
| F. C. Kramer & Son | 703 Hanover St |

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE.

Cor.—12-9-25—A Co.—200 Bks.

E 37168

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37168

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. Ward

REGISTERED NO. 24533

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Abbott.

(a) RESIDENCE NO. Cambridge, Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred En route. yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, widowed, or divorced, HUSBAND of xxxxxxxxxxxx Missouri Abbott.

6 DATE OF BIRTH (month, day, and year) April 14, 1856.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 72 | 4 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Madison Dorchester Co, Md.

PARENTS

10 NAME OF FATHER Thomas Abbott.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Missouri Abbott. (wife)

(Address) Cambridge, Md.

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 5, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Stuart Reinhardt M. D.

(Coroner)

9/6, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 419 Folsom St. Sept. 5, 1928.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md Date of Burial Sept 6 1928

20 UNDERTAKER John Ulrich ADDRESS 2008 Orleans

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 37169 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37169

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST., 1-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Lebowitz (Lebovitz)

(a) RESIDENCE NO. Gastonia N. C ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lena Lebovitz

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE Years 56 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph L. Lebovitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lena Lebovitz (Address) Gastonia N. C.

15 Filed . 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1928

17 I HEREBY CERTIFY, That I attended deceased from August 24 . 1928 . to September 6 . 1928 . that I last saw him alive on September 5 . 1928 . and that death occurred, on the date stated above, at 1:05 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris ?
Coronary Thrombosis ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ludwig S Wolf M. D.

9-6 . 1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottee N. C

DATE OF BURIAL 9/6 19 28

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto

TION is very important. See instructions on back of certificates.

ROBT. C. HAMPSON JONES, M. D.

Spec.—2-20-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37170 90 E 37170

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1417 Linden Avenue ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Reynolds

(a) RESIDENCE NO. 1417 Linden Avenue ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. - mos. - ds. How long in U. S., if foreign birth? 52 yrs. - mos. - ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Reynolds

6 DATE OF BIRTH (month, day, and year) --------

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 85 | -- | -- | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Hogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Gleason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edw. P. Reynolds
(Address) 1417 Linden Avenue

15 Filed ....., 19 .....
C. MADISON JONES, M. D.
1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1928

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 08, to ....., 19 28.

that I last saw h[e] alive on Sept 3, 1928

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis 4
old age 4

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

(duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Harry Adler, M. D.

, 19 (Address) 1718 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | 9/8 19 28 |

20 UNDERTAKER Henry U. Mears & Son ADDRESS 805 N. Calvert

Spec.—7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37171

## CERTIFICATE OF DEATH

86-001 E 37171

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2423 Pfister Court St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Praxida Kropawicz

(a) RESIDENCE NO. 2423 Pfister Court St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 14 1927

| 7 AGE | Years | Months | Days 22 | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | | 9 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Waclaw Kropawicz

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Szymanski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York

14 Informant Waclaw Kropawicz

(Address) 2423 Pfister Court

15 Filed 19 Registrar

RFH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept 6 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/5, 1928, to 9/5, 1928, that I last saw her alive on 9/1, 1928, and that death occurred, on the data stated above, at 3:40 m.

The CAUSE OF DEATH* was as follows:

Otitis media

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Fruhan, M. D.

9/6, 19 28 (Address) 918 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Holy Rosary Cemetery | 19 30 |
| 20 UNDERTAKER | ADDRESS |
| Upton Undertaking Co. | Baltimore |

very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Blks.

E 37172

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

113 E 37172

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital, 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Rostek

(a) RESIDENCE NO. 730 S. Durham St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | S |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 18/26

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 9 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Poland

PARENTS

10 NAME OF FATHER Stanislaus Rostek

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Poland

12 MAIDEN NAME OF MOTHER Apolonia Kamierska

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Poland

14 Informant ..... Mother .....
(Address)

15 Filed ..... 19 .....
ROH Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colitis

(Autopsy at Hopkins)

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. R. Miller, M. D.
(Coroner)

9/6/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

(Where was disease contracted, if not at place of death?) .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Rosary Mem. Park Sept 8 1928

20 UNDERTAKER — ADDRESS

Gorsuch & Wilder 4015 Chester Ave

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 37173

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+3 E 37173

1-PLACE OF DEATH

City of BALTIMORE: (No. 1105 N Carey St. 16-23 Ward)

REGISTERED NO.

2-FULL NAME William Hutchins

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1105 N Carey St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Verta Hutchins

6 DATE OF BIRTH (month, day, and year): April 1873

7 AGE: 55 Years 5 Months Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: John Hutchins

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mr Verta Hutchins

(Address) 1105 N Carey St

15 Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1928

17 I HEREBY CERTIFY, That I attended deceased from June 5 1928, to Sept 5 1928, that I last saw him alive on Sept 5 1928, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma (Tongue)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Germ of Tongue

(duration) yrs. 3 mos. ds.

18 Where was disease contracted Home

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles H Hance, M. D.

Sept 5 1928 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Sept 7th 1928

20 UNDERTAKER: James E Wright ADDRESS 1364 N Carey

of certificates. See instructions on back of very important.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37174

## CERTIFICATE OF DEATH.

37-000 E 37174

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (2) ST. 14 27 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Groom

(a) RESIDENCE NO. 230 N. Gilmor st. ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lilly Groom

6 DATE OF BIRTH (month, day, and year) 1890

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Groom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Julia Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4, 1928

17 I HEREBY CERTIFY, That I attended deceased from August 4, 1928, to Sept. 4, 1928, that I last saw him alive on Sept. 4, 1928, and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Polyserositis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Henry C Smith M. D.

9-4-, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 9-7- 1928

20 UNDERTAKER Daniel Eaton - Balto — ADDRESS 916

Cor.—12-9-25—A Co.—200 Bks.

37175

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-1001 E 37175

1-PLACE OF DEATH

City of BALTIMORE: (No. 217 N. Schroeder St. 18-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aida Scott

(a) RESIDENCE NO. 217 N. Schroeder St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Negro | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Scott

6 DATE OF BIRTH (month, day, and year) 1882

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 46 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER John Ofel.

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

PARENTS

14 Informant Ben. Scott

(Address) 217 N. Schroeder St.

15 Filed ....., 19 ..... Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 5. 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zell, M. D.
(Coroner)

9/5/ 19 28 (Address) 2709 Eastern Ave..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 9-7-28

20 UNDERTAKER Daniel Parker & Son ADDRESS 916

Spec.—2-29-28—L. F. S.—500 Bks.

Kirk
3126 Harford Rd

E 37176

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

29 E 37176

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1711 Clifton View Ave ST. 8 45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christian J. Schammel

(a) RESIDENCE NO. 1711 Clifton View Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jennie A. Schammel

b DATE OF BIRTH (month, day, and year) Sept. 22, 1876

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 51 | 11 | 13 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Caller

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna. R.R. Co.

8 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Schammel

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bentgrove

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Jennie A. Schammel
(Address) 1711 Clifton View Ave

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1928, to Sept 5th, 1928, that I last saw h alive on Sept. 5th, 1928 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Robert S. Kirk M. D.

9/6, 1928 (Address) 3126 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Carmel Cemetery | Sept 8 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm Cook | 502 E North |

Cor.—12-9-25—A Co.—200 Bks.

E 37177

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37177

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 10-14 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Stoch

(a) RESIDENCE NO. 815 East Chase St. Ward Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tina C Stock

6 DATE OF BIRTH (month, day, and year) April 14-1892

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 35 | 4 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employd (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) York Penna

PARENTS

10 NAME OF FATHER Wm H. Stock

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Elizabeth Moore

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Michigan

14 Informant Joseph F. Stock

(Address) 622 E Kings St York Pa

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) CO poisoning. Accident? Illuminating gas.

(duration) yrs. mos. ds.

(Signed) Eugene Barnes, M. D.

(Coroner)

9/7/ 28 (Address) 2739 Eastern Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.,..... mos.,..... ds. In the State..... yrs.,..... mos.,..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Rose York Pa Date of Burial Sept 10 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E Market

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37178 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37178

1—PLACE OF DEATH Union Memorial Hosp REGISTERED NO.

CITY OF BALTIMORE: (No. 13-53 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Janet Bryson

(a) RESIDENCE NO. 23 Merrymount Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White Scotch | Single |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/8/85

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 10 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Servant maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs E. Mower

9 BIRTHPLACE (city or town) Scotland
(State or country)

PARENTS

10 NAME OF FATHER John Bryson

11 BIRTHPLACE OF FATHER (city or town) Scotland
(State or country)

12 MAIDEN NAME OF MOTHER Joan Blair

13 BIRTHPLACE OF MOTHER (city or town) Scotland
(State or country)

14 Informant Records
(Address)

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/5/28

17 I HEREBY CERTIFY, That I attended deceased from 8/30, 1928, to 9/5, 1928, that I last saw h[illegible] alive on 9/5, 1928 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Brain tumor
No knowledge whether benign or malignant tumor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Wm N. McFaul Jr, M. D.

9/5, 1928 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hospital

DATE OF BURIAL 9 8 1928

20 UNDERTAKER J. E. Cook

ADDRESS 501 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37179

## CERTIFICATE OF DEATH.

43 E 37179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST., WARD)

2-FULL NAME Mrs Frances Morrow

(a) RESIDENCE NO. Church Home & Infirmary (Home) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | widow |

5a If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Jos. A. Morrow

6 DATE OF BIRTH (month, day, and year) June 8- 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 7 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster (State or country) Va.

PARENTS

10 NAME OF FATHER Jas. B. McCarty

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Louisa Carter

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Mrs. Jerry Bray

(Address) 2505 Elsinore Ave.

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to Sept 6, 1928, that I last saw h[illegible] alive on Sept 6, 1928, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebroma of Jaw

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lemuel H. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem. | Sept 8 1928 |
| 20 UNDERTAKER | ADDRESS |
| Harry W. Ehlen | 1944 W. North Ave. |

THON is very important. See instructions on back

Spec.—2-29-28—L. F. S.—500 Bks.

E 37180

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 E 37180

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 410 N. Carey ST. 14-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Clara Bartscher

(a) RESIDENCE NO. 410 N. Carey ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | widow |

a If married, widowed, or divorced HUSBAND of (or) WIFE of George Bartscher

DATE OF BIRTH (month, day, and year) June 16 18VV

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 2 | 22 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Stocker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Susanne Revell

(Address) 410 N. Carey St.

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1928, to Sept 7th, 1928, that I last saw h[illegible] alive on Sept 6th, 1928 and that death occurred, on the date stated above, at 2-30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) one yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Stella F. Hellman, M. D.

, 19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore cemetery

DATE OF BURIAL Sept 10 1928

20 UNDERTAKER Chas S. Black

ADDRESS 742 W. North Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37181

## CERTIFICATE OF DEATH.

113 E 37181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1823 Brit. St. (St.) 24-34 (Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W. Rinkle

(a) RESIDENCE NO. 1823 Brit St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred \ yrs. \ mos. \ ds. How long in U. S., if of foreign birth? \ yrs. \ mos. \ ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Infant |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Son

6 DATE OF BIRTH (month, day, and year) March 5. 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or 2 min. |
|---|---|---|---|---|
| | 7 | 6 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 3

(b) General nature of industry, business, or establishment in which employed (or employer) 3

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Rinkle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Bessie Wilder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Bessie Rinkle
(Address) 1823 Brit St

15 Filed ....., 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1928, to Sept 5th, 1928, that I last saw h[illegible] alive on Sept 5th, 1928 and that death occurred, on the date stated above, at 10 a m

The CAUSE OF DEATH* was as follows:

Diarrhea & Enteritis

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) — yrs. — mos. 3 hrs.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible], M. D.

9/5, 1928 (Address) 1724-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Sept 7 1928

20 UNDERTAKER Chas. L. Stevens

ADDRESS 1501 E. Fayette, Cor.

Cor.—12-9-25—A Co.—200 Bks.

E 37182

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

40 E 37182

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hosp St. 11-24 Ward)

2-FULL NAME Jas Johnson

(a) RESIDENCE NO. Shipton point St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE: Years 70 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) S. C.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Hospt Record

(Address)

15 Filed ..... 19 ..... Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Leech, M. D.

(Coroner)

Sept 2 1925 (Address) 1016 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mayfield Sept 7 Date of Burial 1925

20 UNDERTAKER J. L. Thomas & Son ADDRESS 168 W. Monroe St

P. RR Sept 7th

Spec.—1-12-28—MAT—600 lbs.

Brooms

E 37183

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

28 E 37183

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. H-25 WARD)

2-FULL NAME Jerome Brooms

(a) RESIDENCE No. 657 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | West Indian | Separated |

5a If married, widowed, or divorced HUSBAND of or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) British West Indies

PARENTS

10 NAME OF FATHER Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) B.W.I.

12 MAIDEN NAME OF MOTHER Teresa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) B.W.I.

14 Informant Friends, Baltimore City Hosp.

(Address)

15 Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-27, 1928, to 9-3, 1928, that I last saw him alive on 9-3, 1928, and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chr & acute Aortic Insufficiency

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lues - (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? B.W.I.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys & Lab

(Signed) W. M. Mack, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 9/7 1928

20 UNDERTAKER John J. Fahey Sons — ADDRESS 1318 Light St.

Cor.—12-9-26—A Co.—200 Bks.

E 37184

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37184

## CERTIFICATE OF DEATH

182

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Body found floating off

City of BALTIMORE: (No. Pier No. 3 Pratt St. St. 19-27 Ward

2-FULL NAME Fuller B. Crockett.

(a) RESIDENCE NO. 1521 W. Fayette St. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, XXXXXXXXXX HUSBAND of XXXXXXXX: Evelyn Crockett.

6 DATE OF BIRTH (month, day, and year): February 1, 1901

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 27 | 7 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oiler S/S Allegany.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Virginia.

PARENTS

10 NAME OF FATHER: Thomas L. Crockett.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Magnolia Jones.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia.

14 Informant: Nellie Litz. (sister)

(Address): 907 N. Fulton Ave.

15 Filed..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Last seen Sept. 2, 1928 Body found Sep 4/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Probable accidental fact overboard.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) C. Wm. Reinhold M. D.

(Coroner)

9/7. 19 28 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Crisfield, Maryland. Date of Burial: Sept. 7, 1928

20 UNDERTAKER: Wm Cook ADDRESS: 502 E. North Ave.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37185 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37185

CERTIFICATE OF DEATH.

BALTIMORE CITY HOSPITALS

REGISTERED NO. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6-4 ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Barrett

(a) RESIDENCE NO. 117 ½ No Dallas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred . yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col Jamaican | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE 70 Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER Daniel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Africa

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Africa

14 Informant BALTIMORE CITY HOSPITALS

(Address)

15 Filed . 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4 1928

17 I HEREBY CERTIFY, That I attended deceased from 4-26 . 1928 . to 9-4 . 1928 .

that I last saw him alive on 9-4 . 1928 .

and that death occurred, on the date stated above, at 8 40 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

Myocardial Insufficiency

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Hypertention (duration) ? yrs. mos. ds.

18 Where was disease contracted ? if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Lab

(Signed) H. M. Beck, M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery | DATE OF BURIAL Sept 7 1928

20 UNDERTAKER Chas. H. Johnson | ADDRESS 16 N. Carolina St.

Spec.—7-17-26—A Co.—200 Bks.

Assheton ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37186

## CERTIFICATE OF DEATH

90 E 37186

REGISTERED NO.

**1-PLACE OF DEATH**

City of BALTIMORE: (No. 625 St Johns Pd St. 13-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliet Rhedrick Assheton.

(a) RESIDENCE NO. 625 St Johns Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 11 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | white | widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. M. Assheton

6 DATE OF BIRTH (month, day, and year) Nov 24 1857

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 70 | 9 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER J Wheelwright

11 BIRTHPLACE OF FATHER (City or town)

(State or country) —

12 MAIDEN NAME OF MOTHER Margaret Sutton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant R. S. Bilkrap

(Address) 105 Buchanan Rd.

15 Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 5 19 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 19 28, to Sep 5th, 19 28,

that I last saw h 3r alive on Sep 5, 19 28,

and that death occurred, on the date stated above, at 11 50 P m.

The CAUSE OF DEATH* was as follows:

Uremic Thrombosis.

Cardiac Hypertrophy

1 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) L. Pneumonia.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 330 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem Date of Burial Sept 7 19 28

20 UNDERTAKER Henry H Jenkins Sons & Co ADDRESS 1711 Eutaw & Orchard Sts.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37187 ✓ 31 E 37187

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (WARD) 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Pappas (Zanthos)

(a) RESIDENCE No. 856 W. Fayette st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth Unknown yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6, 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31 1928 to Sept. 6 1928, that I last saw h im alive on Sept. 6, 1928 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and lab.

(Signed) Henry C. Smith, M. D.

9-6-1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL 9/7/28 19

20 UNDERTAKER George J. Mutti ADDRESS 1935 Harford

HOWARD C. HARRISON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37188

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37188

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Orleans ST., 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Melvina Conklin

(a) RESIDENCE NO. 1421 Orleans St ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Conklin

6 DATE OF BIRTH (month, day, and year) July 26 1875

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 1 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) Ch

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Fredrick Schulz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Katherine Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant [illegible] Wolfe
(Address) 1421 Orleans St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Sept 6, 1928

that I last saw her alive on Sept 5, 1928

and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

Uraemia / Regurgitation

from Cystitis (duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F H Monk, M. D.

Sept 7, 1928 (Address) 3100 Hanford Rd

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet Cemetery | Sept 10 1928 |

20 UNDERTAKER Savannah Landis & Sons ADDRESS 100 N Arlington Ave

Spec.—1-12-23—M&T—500 Bks.

E 37189

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

3/ E 37189

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Richwood Ave. St.) 21-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred J. Saverd

(a) RESIDENCE NO. 522 Richwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Saverd

6 DATE OF BIRTH (month, day, and year) May 27, 1890

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 3 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. Post Office

9 BIRTHPLACE (city or town) Winooski

(State or country) Vermont

PARENTS

10 NAME OF FATHER Camille Saverd

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14

Informant Mrs. Margaret E. Saverd

(Address) 522 Richwood Ave.

15

Filed ....., 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 19

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1928, to Sept. 3, 1928, that I last saw h[illegible] alive on Sept. 3, 1928 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & laboratory

(Signed) M. Alpert, M. D.

Sept 5, 1928 (Address) 2350 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Sept 8" 1928

20 UNDERTAKER Joseph B Cook

ADDRESS 1005 West Fayette St

Spec.—1-10-21—M&T—1500 Bks.

E 37190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37190

90

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5623 Anthony Ave. Raspeburg Md. St., 26-41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma A. Wagner

(a) RESIDENCE NO. 5623 Anthony Ave. Raspeburg, Md. St., 26th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank G. Wagner

6 DATE OF BIRTH (month, day, and year): Sept. 26, 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 11 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country): Maryland

PARENTS

10 NAME OF FATHER: Eugene Sullivan

11 BIRTHPLACE OF FATHER (city or town): Baltimore (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Amanda Ayres

13 BIRTHPLACE OF MOTHER (city or town): Baltimore (State or country): Maryland

14 Informant: Mrs. Clinton L. Utley (Address): 5623 Anthony Ave., Raspeburg, Md.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 6, 1928

17

I HEREBY CERTIFY, That I attended deceased from March 23 to Sept. 6, 28, that I last saw her alive on Sept. 6, 28, and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis (duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Cardiac dilatation (duration) ... yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

9/6, 1928 (Address) 5713 Belair Rd., Raspeburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 10 1928

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Eutaw

CAUSE OF DEATH to plainly state, so that TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37191

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37191

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1307 Hanover St. (ST.) (23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena E. Smith

(a) RESIDENCE NO. 1307 Hanover St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Smith

6 DATE OF BIRTH (month, day, and year) Dec 28 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 52 | 3 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Herman Betz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Gephardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Charles Smith
(Address) 1307 Hanover St

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to Sept 6, 1928, that I last saw her alive on Sept 6, 1928 and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Secondary Carcinoma Uterus and Appendages (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Colon Lithopaedion Gall Stone (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 1928

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard S. French, M. D.

9/7, 1928 (Address) 1707 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept 10 1928

20 UNDERTAKER J. Fen McCully

ADDRESS 130 E. Fort

TION is very important. See instructions on back of ...

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

Parker

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37192

## CERTIFICATE OF DEATH.

90 E 37192

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1106 W. Lombard Street St., 18-29 Ward)

2-FULL NAME Alice E. Parker

(a) RESIDENCE NO. 1106 W. Lombard Street St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| About 80 years | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Indiana

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mrs. Elsie Dolain

(Address) 1106 W. Lombard Street

15 Filed....., 19 .....

DRH Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquir

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY Old age
(Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. Bryan M. D.
(Coroner)

9-5, 19 28 (Address) 3601 Third Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Sept 8 1928

20 UNDERTAKER John J. Fields — ADDRESS 1200 W. Lombard

OF DEATH in plain terms. Indefinite and very important. See instructions on back of certificate.

Spec.--7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37193 E 37193

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Burns

(a) RESIDENCE NO. 105 S Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Liliana Burns

6 DATE OF BIRTH (month, day, and year): Mar 25 1862

7 AGE: 65 Years, Months 5, Days 12. IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Coal

(c) Name of employer

9 BIRTHPLACE (city or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER: Michael Burns

11 BIRTHPLACE OF FATHER (City or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Ann Ryan

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Liliana Burns

(Address) 105 S Carey St

15 Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 7, 1928 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 19 28, to Sept 7, 19 28, that I last saw him alive on Sept 7, 19 28, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate Gland

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Postoperative pneumonia

(duration) yrs. mos. 9 (corr) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-28-28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis W Tillis, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — Date of Burial: Sept 12 1928

20 UNDERTAKER: John J Fields — ADDRESS: 1200 W Lombard

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37194

## CERTIFICATE OF DEATH.

E 37194

1-PLACE OF DEATH

City of BALTIMORE: West Balto Gen Hosp (Ward) 10-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Kuerschner

(a) RESIDENCE No. 3445 Loretta St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Kuerschner

6 DATE OF BIRTH (month, day, and year): Apr 8 1855

7 AGE: Years 73 Months 4 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: John Klausing

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Zuhman

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Frank Kuerschner

(Address): 3445 Loretta St

15 Filed....., 19..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death as stated (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH was as follows:

Laceyated Head
Contusion of Chest wall
Fractured Humerus
(duration) yrs. One mos. 7 ds.

CONTRIBUTORY (Secondary): Myocarditis
(duration) yrs. mos. ds.

(Signed) J. E. Lenk M. D.
(Coroner)

Sept 7-1928 (Address) North Ave & Division

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Sept. 10, 1928

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: Baltimore St & Broadway

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

(Cerick)

E 37195

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37195

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Cerick

(a) RESIDENCE NO. 534 N. Gay ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | White | |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Cerick

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 7 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw him alive on 9-1-28 at 1, 9 a m

and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Pre-maturity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. C. Geo Jr, M. D.

9/4, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL NS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

SEP 7 - 1928

Spec. 7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37196

## CERTIFICATE OF DEATH

113 E 37196

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1243 S. Decker Ave, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Siminski

(a) RESIDENCE NO. 1243 S. Decker Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 19 1928

| AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.. |
|---|---|---|---|---|
| | | 6 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER William Siminski

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md.

(State or country)

12 MAIDEN NAME OF MOTHER Anna Mantik

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant William Siinski

(Address) 1243 S Decker Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 19 28, to Sept 6 19 28, that I last saw h[illegible] alive on Sept 6 19 28, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Cardio-Endocarditis

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Kramer M. D.

(Address) 804 Bennett Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Sept 8 19 28

Date of Burial

20 UNDERTAKER John M Weber

ADDRESS 401 S Chester

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37197 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37197

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Dennison ST. 20-70 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence E Johnson

(a) RESIDENCE No. 506 Dennison ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ruth V. Johnson

6 DATE OF BIRTH (month, day, and year) 7-22-1885

| 7 AGE | Years | Months | Days 15 | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 43 | 1 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Ry & Elect Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm H Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Ruth V Johnson (Address) 506 Dennison St

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28. , 1928 , to Sept 7- , 1928.

that I last saw him alive on Sept 7- , 1928

and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C E Buxton, M. D.

9/7, 1928 (Address) 304 East Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL 9/10 1928

20 UNDERTAKER J F Staley & Sons ADDRESS 1818 Eighty

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E. 37198 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 37198

CERTIFICATE OF DEATH. X 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Glenn Funk

(a) RESIDENCE No. Allendale Balto St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12, 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 0 | 7 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Roger W. Funk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jessie M. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Roger W. Funk (Address) 4 Allendale Rd.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2nd 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Sept 2nd, 1928, that I last saw him alive on Sept 2nd, 1928, and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro enteritis with dissentery.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cyanosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. P. Yandell, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Shuttle Cem.

DATE OF BURIAL Sept. 9 1928

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

Spec.—1-12-23—M&T—500 Blks.

E. 37199 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 37199

## CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 South Ann St. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Catherine Jackson

(a) RESIDENCE NO. 1027 South Ann St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem. | Colored | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Jackson

6 DATE OF BIRTH (month, day, and year) — 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| 60 yrs. | — | — | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Waitress

(c) Name of employer City Service Comm.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Isaac Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known.

12 MAIDEN NAME OF MOTHER Susanna Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md.

14 Informant Alice B. Shelton Daughter

(Address) 1027 S. Ann St.

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar. 26 1928, to Sept. 6 1928, that I last saw h[illegible] alive on Sept. 6 1928 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonar Heart Disease

(duration) 6 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Shelton M. D.

7, 1928 (Address) 1027 S. Pitmon St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Sept 9 1928

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Lund Hill

Spec.-7-17-26—A Co.—200 Bks.

E. 37200

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 37200

## CERTIFICATE OF DEATH

97-007

1-PLACE OF DEATH Mercy Hospital REGISTERED NO.

City of BALTIMORE: (No. ) St. W-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Clara Borteaux

(a) RESIDENCE NO. Red Lion Pa St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: R. H. Borteaux

6 DATE OF BIRTH (month, day, and year): Aug 13. 1893

7 AGE: Years 35 Months — Days 24 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer

9 BIRTHPLACE (city or town): Penna

(State or country)

PARENTS

10 NAME OF FATHER Frank L. Kane

11 BIRTHPLACE OF FATHER (City or town): Penna.

(State or country)

12 MAIDEN NAME OF MOTHER Clara Crust

13 BIRTHPLACE OF MOTHER (city or town): Penna

(State or country)

14 Informant: Hospital Records

(Address)

15 Filed 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Sept 7, 1928, that I last saw her alive on Sept 7, 1928, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Pan sinusitis

Cellulitis face

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-31-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) J Leyko M. D.

9/7/28 (Address) Mercy Hospital #2758

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: Geo H. Tibbs Date of Burial Sept. 11 28

20 UNDERTAKER: Red Lion Pa. ADDRESS 2700 Eastern Ave

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37201 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 37201

# CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Balto City Hosp's REGISTERED NO.

CITY OF BALTIMORE: (No. Balto Md ST. 13-S.W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham C. Hare

(a) RESIDENCE No. 3308 Chestnut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Elizabeth Hare

6 DATE OF BIRTH (month, day, and year) July 1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 2 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (~~city or town~~) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hosp's Balto Md.

15 Filed , 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-6 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-5-, 1928, to 9-6-, 1928, that I last saw h[illegible] alive on 9-6-, 1928, and that death occurred, on the date stated above, at 1. P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelonephritis w Renal Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goodsmith M. D.

9/7, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shaffer's Cem. Buckeystown Md. DATE OF BURIAL Sept 9, 1928

20 UNDERTAKER J. Walter Davis ADDRESS 3307 Paine St.

Spec.—1-10-21—M&T—1500 Bks.

(Walbrook Park)

E. 37202 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 37202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes. Hospital

CITY OF BALTIMORE: (No. 27-22 ST. 117 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Charles. Lorenz.

(a) RESIDENCE No. 1017 Wilmington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Lorenz

6 DATE OF BIRTH (month, day, and year): July 29, 1866

7 AGE: Years 62 Months ~~July~~ 1 Days ~~29~~ 8

If LESS than 1 day, ..... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Karl Lorenz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: E Freund

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Lorenz

(Address) 1017 Wilmington Ave

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-7-28 19

17

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1928, to Sept 7, 1928, that I last saw him alive on Sept 7, 1928 and that death occurred, on the date stated above, at 12 hrs a. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix with a diffuse Peritonitis of nine days duration

(duration) yrs. mos ds.

Generalized peritonitis

CONTRIBUTORY (Secondary) nine days (duration) 1928 yrs. Sept mos. 7 ds.

18 Where was disease contracted if not at place of death? 1017 Wilmington Ave.

Did an operation precede death? Yes Date of Aug 29, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Nicholas D Bonelli, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 10 1928

20 UNDERTAKER: Mrs Jno J Finch — ADDRESS: 251 Wilkins Ave

...TION is very important. See instructions on other side of certificate.

Spec.—1-12-23—M&T—500 Bks.

E. 37203

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 37203

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 Forge Ave ST., 27-54 WARD) Formerly Hooper Lane 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Vanhorn

(a) RESIDENCE NO. 35 Forge ave ST. Washington WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ or) ~~WIFE of~~ Benjamin Vanhorn

6 DATE OF BIRTH (month, day, and year) Feb 25 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 6 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Owner

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER W. T. Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md Home

12 MAIDEN NAME OF MOTHER Mrs Brown. 9. 7. 1928

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md Home.

14 Informant Lula Shade

(Address) 35 Forge Avenue City

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9. 7. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept. 6, 1928, that I last saw her alive on Sept. 6, 1928, and that death occurred, on the date stated above, at 4.20 a m.

The CAUSE OF DEATH* was as follows:

Ignital Regurgitation - chronic

Insufficiency - Asphyxia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Bueter, M. D.

(Address) 1st N Washington Ind

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pinewood Hill Cem. DATE OF BURIAL Sept 9 1928

20 UNDERTAKER J. Ray Burns Sons ADDRESS Towson

Spec.—2-29-28—L. F. S.—500 Bks.

Dr White 2800 St Paul St

# E 37204

## HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37204

1—PLACE OF DEATH

REGISTERED NO. 161

CITY OF BALTIMORE: (No. 430 Cookery Place ST. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harold F. Musselman

(a) RESIDENCE NO. 430 Cookery Place ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | W | Single |

6 a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 22. 1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 1 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

10 NAME OF FATHER Harold F. Musselman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Zilla Vogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Mrs. Harold Musselman

(Address) 430 Cookery Place

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to Sept 6, 1928

that I last saw him alive on Sept 6, 1928

and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Premature birth)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lifetime

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W. White Jr., M. D.

9/7, 1928 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 9/8, 1928

20 UNDERTAKER H. M. Cook — ADDRESS 2112 Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

(Dr. Hoag 21st Below)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37205

E 37205

## CERTIFICATE OF DEATH

91-002

1—PLACE OF DEATH

REGISTERED NO. 21171

CITY OF BALTIMORE: (No. 747 Mc Henry ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William L Hull

(a) RESIDENCE NO. 747 Mc Henry ST., WARD
(Usual place of abode) (If non-resident give town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign born? Life mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): Feb 2 1852

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 7 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brass

(b) General nature of industry, business, or establishment in which employed (or employer): Finisher

(c) Name of employer: Mc Shane & Co.

BIRTHPLACE (city or town) (State or country): Penn. Chin

10 NAME OF FATHER: John S Hull

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn. Chin

14 Informant: Myrtle A Hasty
(Address): 1039 N. Bond

15 Filed ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 7/28

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to Sept 7, 1928, that I last saw h— alive on Sept 5, 1928 and that death occurred, on the date stated above, at 3 20 a m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Sept 7 1928 (Address) 729 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loraine Cemt | Sept 10 1928 |
| UNDERTAKER | ADDRESS |
| William Bad 502 E Monta | |

Spec.—1-12-23—M&T—500 Bks.

Died

E 37206

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 37206

## CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH Womans Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-4 ST., WARD)

2-FULL NAME Baby Boy Johnson

(a) RESIDENCE NO. 1505 E. 29th ST. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, 4 hrs. or 20 min. |
|---|---|---|---|---|
| - | - | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Wm. Webster Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md.

12 MAIDEN NAME OF MOTHER Emma Kirshill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alexandria Va.

14 Informant Wm Webster Johnson

(Address)

15 Filed , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-6-28 8:40 PM, 1928, to 9-7-28 12:30 AM 1928, that I last saw him alive on 9-7-28 12:30 AM 1928, and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Prematurity —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) atalectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Earle J. Clemson, M. D.

, 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Womans Hospital

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 37207 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37207

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Keeney

(a) RESIDENCE NO. Annapolis, Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Baby

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) April 29 - 1924

8 AGE: Years: 4 Months | Months: - | Days: 9 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Donald Keeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dorothy Robbins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/28

17 I HEREBY CERTIFY, That I attended deceased from September 4 1928 to September 7, 1928, that I last saw h er alive on September 7, 1928 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 7

Was there an autopsy? Yes Findings ventriculostomy

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble M. D.

Sept 8 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Bluff Annapolis Md | DATE OF BURIAL: Sept 8 1928

20 UNDERTAKER: B L Hopping | ADDRESS: Annapolis Md

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37208 — CERTIFICATE OF DEATH — E 37208

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Union Memorial Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie Dorsey

(a) RESIDENCE NO. Stevenson Rd. ST., WARD Maryland
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 13 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| D | 57 | 11 | 25 | 24 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Martin Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Henriette Honemaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. J. F. Tiel

(Address) Compass Heights Washington D.C.

15 Filed ..., 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7. 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Sept. 7, 1928, that I last saw her alive on Sept 7, 1928 and that death occurred, on the date stated above, at 8-30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (Left) with extensive metastasis

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 29/28

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Pathological

(Signed) George O. Eaton, M. D.

, 19 (Address) Union Memorial Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Thomas Cemetery Balto Co Md | Sept 10-1928 |
| 20 UNDERTAKER | ADDRESS |
| J. F. Elmo | Reisterstown Md |

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37209

CERTIFICATE OF DEATH.

E 37209

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 27-55 Ward)

2-FULL NAME Joshua A. Cole

(a) RESIDENCE NO. 3302 W. Belvidere Ave. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male ~~White~~

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Betty Cole

6 DATE OF BIRTH (month, day, and year): April 3, 1865.

7 AGE: Years 63 Months 5 Days 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Himself.

9 BIRTHPLACE (city or town):

(State or country) Md.

PARENTS

10 NAME OF FATHER John T. Cole

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Louise Fowble

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

14 Informant Mrs. Betty Cole

(Address) 3302 W. Belvidere Ave.

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zeller, M. D.

(Coroner)

9/8/1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] Cem. Date of Burial Sept 9, 28.

20 UNDERTAKER Wendell J. Cripps ADDRESS [redacted] Colum

very important. See instructions on back of certificate.

...roc.—2-29-28—L. F. S.—500 Blks.

E 37210

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37210

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2823 Beechland ave ST. 27-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Emma Powell

(a) RESIDENCE NO. 2823 Beechland Ave ST., Hamilton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Capt Frank H. Powell

DATE OF BIRTH (month, day, and year) July 29th 1848

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 1 | 9 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. D. W. Jenkins

(Address) 2 Lorraine Park Md

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1927, to Sept, 1928, that I last saw h alive on Sept 7, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Metastasis Stomach

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wm A Evans, M. D.

, 19 (Address) 612 W 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wood Lawn Cem — DATE OF BURIAL Sept 10 1928

20 UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS Orchard & Ivy Cullob-

C. KEMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37211 (97)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113

E 37211

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 16-38

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jean Proffitt

(a) RESIDENCE NO. 6 North Point Rd ST., ..... WARD
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the~~ word): Baby

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 14, 1928

7 AGE: Years 4 1/2 hrs | Months 4 | Days 23 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER Hanson Proffitt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va -

12 MAIDEN NAME OF MOTHER Mary Tennies

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: Parents JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ....., 19 ..... Registrar

C. HAMPSON JONES, M. D. 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/28

17 I HEREBY CERTIFY, That I attended deceased from August 31, 1928, to September 7, 1928, that I last saw h alive on September 7, 1928 and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Enterocolitis -

3 weeks mild -

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) otitis Media + Septicemia

otitis 1 week - Septicemia 1 day (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home -

Did an operation precede death? no Date of .....

Was there an autopsy? no -

What test confirmed diagnosis? .....

(Signed) H. C. Goodwin, M. D.

19 ..... (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edelawn Cemtry — DATE OF BURIAL: Sept 8, 1928

20 UNDERTAKER: John A. Moran — ADDRESS: 3000 E Balto

Spec—12-9-25—A Co—200 Bks.

**E 37212** HEALTH DEPARTMENT—CITY OF BALTIMORE **E 37212**

## CERTIFICATE OF DEATH.

REGISTERED NO. 37557

1-PLACE OF DEATH

City of BALTIMORE: (No. 535 N. Carrollton Ave. Ward) 27755

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mo. George Mengel

(a) RESIDENCE NO. 5660 Narcissus Av. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 9 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Philopena Conrad

6 DATE OF BIRTH (month, day, and year): apr 28th 1851

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 77 | 4 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ret. Finance

(b) General nature of industry, business, or establishment in which employed (or employer): Rep. tin roofs

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. City

(State or country): Md.

PARENTS

10 NAME OF FATHER: Hy. Mengel

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger.

12 MAIDEN NAME OF MOTHER: Kath Wolfgang

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Pa.

14 Informant: Mrs Kate L. Bucher

(Address): 5660 Narcissus Av

15 Filed....., 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7th 1928

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to Sept. 7th, 1928, that I last saw h[illegible] alive on Sept 6th, 1928, and that death occurred, on the date stated above, at 12:50 m.

The CAUSE OF DEATH* was as follows:

Apoplexy due to arteriosclerosis & high pressure.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) Edelmuth, M. D.

(Address) 1605 N. North Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial: Sept 10 1928

20 UNDERTAKER: John D. Mentzel ADDRESS: 1900 Eutaw Place

very important. See instructions on back of certificate.

HAMPSON JONES M.D.

Spec.—1-12-23—M&T—500 Blks.

37213

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 37213

## CERTIFICATE OF DEATH.

1249

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 W. Conway St. ST 27-30 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Starkman

(a) RESIDENCE No. 636 W. Conway St. ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Beck Hartman

6 DATE OF BIRTH (month, day, and year) Feb 3, 1874

| 7 AGE | Years | Months | Days 3 | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 54 | 7 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigarmaker

(b) General nature of industry, business, or establishment in which employed (or employer) do do

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Starkman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russ Pol

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Emma Starkman (Address) 636 W Conway St

15 Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Sept 6, 1928, that I last saw h[e] alive on Sept 6, 1928 and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Pernicious Nephritis

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Primary & Auscultation

(Signed) J. M. D. Everett, M. D.

19 ... (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 9/10/28

20 UNDERTAKER Weinstock Bros

ADDRESS 157 N. Gay St

Spec. 7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37214

E 37214

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. General Hospital St. 21-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Every

(a) RESIDENCE NO. 3211 Brandy Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-7-28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min.. |
|---|---|---|---|---|
| | X | X | X | 2 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.

(State or country)

PARENTS

10 NAME OF FATHER Harold Every

11 BIRTHPLACE OF FATHER (City or town) Mulberry, Fla

(State or country)

12 MAIDEN NAME OF MOTHER Helen Bakeford

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.

(State or country)

14 Informant Hospital records.

(Address)

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

9-8-28

17 I HEREBY CERTIFY, That I attended deceased from 9-7, 1928, to 9-8, 1928, that I last saw h/m alive on 9-8, 1928, and that death occurred, on the date stated above, at 4.35 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) ....yrs....mos....ds.

CONTRIBUTORY

(Secondary)

(duration) ....yrs....mos....ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) The Attending Physician, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lankenau Cem. Date of Burial Sept 8 1928

20 UNDERTAKER Wm Cook ADDRESS 502 E Monument

OF DEATH in plain words, very important. See instructions on back of certificates.

C. HAMPSON JONES, M.D.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37215

## CERTIFICATE OF DEATH

E 37215

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 William ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin H. Sunderland

(a) RESIDENCE NO. 1302 William ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Infant |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 9. | 14. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Henry H. Sunderland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Rena Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Henry H. Sunderland

(Address) 1302 William St

15 Filed ....., 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to Sept 1, 1928, that I last saw ~~him~~ her alive on Sept 1, 1928 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Accidents - auto

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. V. Haywood, M. D.

Sept 6, 1928 (Address) 1 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Sept 8 1928

20 UNDERTAKER Howard Evans ADDRESS 38 E. Fairmount

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37216
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

REGISTERED NO. E 37216
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1047 Argyle St. WARD)

2-FULL NAME Sarah Randolph

(a) RESIDENCE NO. 1047 Argyle St. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lunsford

6 DATE OF BIRTH (month, day, and year) 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nurse 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer C. J. Dukes

9 BIRTHPLACE (city or town) (State or country) Lynchburg Va

PARENTS
10 NAME OF FATHER Lunsford
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Cara English
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant W. A. Goff
(Address) 519 Taylor St Lynchburg Va

Filed SEP 9 1928 HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7th 28

17 I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1928, to Sept. 7th, 1928.
that I last saw her alive on Sept 6th, 1928
and that death occurred, on the date stated above, at 1020 m.

The CAUSE OF DEATH was as follows:
Tuberculosis
Nephritis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? V
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) A. Lee Etter, M. D.
(Address) 72 Madison

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lynchburg Va — DATE OF BURIAL 9/8 1928

20 UNDERTAKER Emmett D. Kemper — ADDRESS 578 W Biddle

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37217

## CERTIFICATE OF DEATH.

179 E 37217

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Darley Avenue ST. 8-4 WARD)

2-FULL NAME Martin Braund

(a) RESIDENCE NO. 1627 Darley Avenue ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Braun

6 DATE OF BIRTH (month, day, and year) 11/21/1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | 10 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Melchor Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Milton Braun

(Address) 1627 Darley Avenue

15 Filed SEP 9 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1928

17

I HEREBY CERTIFY, That I attended deceased from August 18, 1928, to Sept 7, 1928, that I last saw h[illegible] alive on Sept 6, 1928 and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) ... yrs. ... mos. 20 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Uraemia

(Signed) Chas. J. A. Seevers, M. D.

9. 7. 1928 (Address) 2875 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 9/10 1928

20 UNDERTAKER Albert L Hiltz Jr — ADDRESS 1606 N Chester St

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37218

## CERTIFICATE OF DEATH

E 37218

1—PLACE OF DEATH

REGISTERED NO. 27-55 9

CITY OF BALTIMORE: (No. 5317 Hamlin ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Doris Mae Spencer

(a) RESIDENCE NO. 5317 Hamlin Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: None.

6 DATE OF BIRTH (month, day, and year): June 6 1928

7 AGE — Years: — Months: 2 3 Days: 18 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): None.

(c) Name of employer: None.

9 BIRTHPLACE (city or town) (State or country): 5317 Hamlin Ave

PARENTS

10 NAME OF FATHER: Andrew C. Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co. Md.

12 MAIDEN NAME OF MOTHER: Thelma Hager

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore City

14 Informant: Thelma A. Spencer

(Address): 5317 Hamlin Ave

15 Filed SEP 8 1928 19 HAMDEN JONES M D Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 9-28

17 I HEREBY CERTIFY That I attended deceased from Aug 26, 1928, to Sept 8, 1928, that I last saw her alive on Sept 7, 1928 and that death occurred, on the date stated above, at 10:55 A m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Whooping Cough.
Cardiac Dilitation

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr E Mule Wheeler, M. D.

9 28., 1928 (Address) 2129 21 Druid Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Deer Park Cem Co

DATE OF BURIAL: Sept 10 1928

20 UNDERTAKER: Guy Bruns & Sons

ADDRESS: Towson Md

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37219

## CERTIFICATE OF DEATH.

E 37219

1-PLACE OF DEATH Women's Hospital

REGISTERED NO. 161-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST., 13-59 WARD)

2-FULL NAME Abortion Shayt

(a) RESIDENCE NO. 2206 Brookfield ST. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Abortion

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 8 - 28

7 AGE: Years — Months — Days — If LESS than 1 day, hrs. 1½ or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Louis Shayt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Betty Tulor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Shayt

(Address) Mother 2206 Brookfield

15 Filed SEP 9 1928 Registrar HAMILTON JONES, M. D.

Recorded SEP 8 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 8, 1928, that I last saw h alive on Sept 8, 1928, and that death occurred, on the date stated above, at noon m.

The CAUSE OF DEATH* was as follows:

Immaturity - Spontaneous

Abortion 4-5 months

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Etiology unknown

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) John G. Murray Jr., M. D.

Sept 8, 1928 (Address) Women's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern

DATE OF BURIAL: 9/9 1928

20 UNDERTAKER: Jack Louis

ADDRESS: 1409 E Balt St

Cor.—12-9-25—A Co.—200 Bks.

E 37220

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129

E 37220

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1626 E Baltimore St St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Sabsewitz

(a) RESIDENCE NO. 1626 E Baltimore St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced (or) WIFE of Anna ~~Savage~~ (Sabsewitz)

6 DATE OF BIRTH (month, day, and year) 1858

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | | | |

8 OCCUPATION OF DECEASED Tailer

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unkown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unkown

14 Informant Anna Savage (Sabsewitz)

(Address) 1626 E Baltimore St

SEP 9 1928 HAMROX JONES M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/28 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis (secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Wallis M. D.

(Coroner)

9/8/28 (Address) 598 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem Date of Burial 9/11 19 28

20 UNDERTAKER Sachs Funeral Home ADDRESS 1139 E. Lexington St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

37221

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001

E 37221

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Eagle ST. 14-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Donald Reese Winkler

(a) RESIDENCE No. 2006 Eagle St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State).

Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 15-1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 1 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frederick A Winkler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Irene Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank A Winkler

(Address) 2006 Eagle St

15 Filed SEP 9 1928, 19 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9/28

17 I HEREBY CERTIFY, That I attended deceased from 9-5-, 1928, to 9-9-, 1928, that I last saw him alive on 9/8/, 1928, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Phys. Exam.

(Signed) Harry Goldberg M. D.

9/9, 1928 (Address) 2210 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Comfort. Chas Co Md

DATE OF BURIAL 9/11/28

20 UNDERTAKER John Allrich

ADDRESS 200 E Eagle

Spec.—1-12-23—M&T—500 Blks.

E 37222

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37222

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 312 E 25th ST., 17-50 WARD)

2-FULL NAME Julia Grunewald

(a) RESIDENCE No. 312 E 25th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13-1869

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 1 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer Mrs Anna Vogts

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Grunewald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Stengle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna Critzman

(Address) 507 E Baltimore St

15 Filed SEP 9 1928 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 4" 1928, to Sept 6" 1928, that I last saw h[illegible] alive on Sept 6" 1928, and that death occurred, on the date stated above, at 3 10 P. m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia (Cerebral

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pneumonia Anaemia

(duration) Do not know yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Howard C. Silver, M. D.

, 19 (Address) 3706 Liberty Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bachmans Cem

DATE OF BURIAL Sept 9 1928

20 UNDERTAKER John Ulrich

ADDRESS 200 E Broadway

Spec.—1-10-21—M&T—1500 Blks.

# E 37223 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

46 E 37223

1-PLACE OF DEATH Sinai Hosp.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24 WARD)

2-FULL NAME Leona Roberts

(a) RESIDENCE No. 126 S. Ann ..... ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry Roberts

6 DATE OF BIRTH (month, day, and year) Sept 7 1876.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Harry Roberts
(Address) 126 S Ann St

15 Filed SEP 9 1928 19 H. RAY JONES, M. D. Registrar
By .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1928, to Sept. 8, 1928, that I last saw him alive on Sept. 8, 1928, and that death occurred, on the date stated above, at 9.24a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Milton Sherry, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vans Lear Junct Ky.

DATE OF BURIAL Sept 10 19 28

20 UNDERTAKER John Leerich

ADDRESS West Orleans

TION is very important. See instructions on

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 37224

## CERTIFICATE OF DEATH.

90

E 37224

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Beason St ST. 24-35 WARD)

2-FULL NAME Anna E. Siegel

(a) RESIDENCE NO. 1304 Beason St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Siegel

6 DATE OF BIRTH (month, day, and year) Apr. 28, 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 4 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick Kroning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William Siegel

(Address) 1304 Beason St

15 Filed SEP 8 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1928, to Sept 7, 1928, that I last saw h[illegible] alive on Sept 6, 1928 and that death occurred, on the date stated above, at 6:05 a m

The CAUSE OF DEATH* was as follows:

Uremia Regurgitation Aortic

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Arthritis Rheumatism

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Thos. F. Stevens, M. D.

9/7, 1928 (Address) 2575 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Sept 10 1928

20 UNDERTAKER Chas. F. Sterne

ADDRESS 1301 E Fort Ave

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37225

## CERTIFICATE OF DEATH

E 37225

REGISTERED NO. 74-007

1-PLACE OF DEATH

City of BALTIMORE: (No. 1501 Linden Ave. St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Watkins

(a) RESIDENCE NO. 1501 Linden Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 6, 1842

7 AGE: Years 86 Months 6 Days 2 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Annapolis, Md.

(State or country)

PARENTS

10 NAME OF FATHER Nicholas E. Watkins

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary V. Thomas

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

14 Informant Margaret F. Watkins

(Address) 1501 Linden Ave.

15 Filed SEP 9 1928, 19 [illegible] Registrar

Rec'r [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4th, 1928, to Sept 8th, 1928, that I last saw her alive on Sept 7th, 1928, and that death occurred, on the date stated above, at 6.35 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis (1st attack)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Senile Mental Disease

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw. F. Sanders M. D.

Sept 9 1928 (Address) 1516 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy, Date of Burial: Sept 10 1928

20 UNDERTAKER: Lord & Mitchell & Sons ADDRESS: 1900 Eutaw & Lan

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37226 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Hebrew Home for Aged & Infirm ST., WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Barnett

(a) RESIDENCE NO. 2102 E. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bell Barnett

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St

15 Filed SEP 8 1928 19 HAROLD N. YATES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 19 28

17

I HEREBY CERTIFY, That I attended deceased from June, 1926, to Sept 8, 1928,

that I last saw him alive on Sept 8, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) hypertension

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Lehrfeld Levin, M. D.

19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 9-9- 1928

20 UNDERTAKER Jack Lewis, 1439 E. Balto St.

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37227

E 37227

## CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 125 N. Fulton Av ST. 14-27 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Earl Delaney

(a) RESIDENCE NO. 125 N. Fulton Av ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .

6 DATE OF BIRTH (month, day, and year) Dec. 18-1894

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 33 | 8 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) — Rail road

(c) Name of employer B & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Joseph Delany

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary Donnelly
(Address) 125 N Fulton Ave.

15 Filed SEP 9 1928 RANDOLPH JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7. 1928

17 I HEREBY CERTIFY, That I attended deceased from January, 1928, to Sept. 7, 1928, that I last saw her alive on Sept. 7, 1928 and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Edw V Carabelleses, M. D.

9/6, 1928 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mayr Cathedral Cemetery — DATE OF BURIAL 9/6/10 1928

20 UNDERTAKER George L. Schwab — ADDRESS 1101 Fulton Ave

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

PLACE OF DEATH

E 37228

REGISTERED NO. E 37228

City of BALTIMORE: (No. 25 W. Lexington St. St. 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Neumann.

(a) RESIDENCE NO. 2909 Walbrook Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 18 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White. | Married. |

5a If married, widowed or divorced (or) WIFE of Henry Neumann.

6 DATE OF BIRTH (month, day, and year) January 25, 1870

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 58 | 7 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Jacob Christ.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Christina Kalbfleisch.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Henry Neumann. (husband)

(Address) 2909 Walbrook Ave.

15 Filed 9 1928 C. HAMPSON JONES, M. D. Registrar

By Ellen

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 7, 1928.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Hans Reinhardt M. D. (Coroner)

9/8, 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery Date of Burial Sept-10 1928

20 UNDERTAKER William Cook ADDRESS 502 E. Fort Ave.

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**E 37229**

## CERTIFICATE OF DEATH.

**E 37229**

REGISTERED NO. 74-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: No. 104 E-32nd St. 12-50 Ward

2-FULL NAME Margaret B. Shane

(a) RESIDENCE NO. 104 E-32nd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Shane

6 DATE OF BIRTH (month, day, and year): Aug. 12/1873

7 AGE: 55 Years 54 | Months | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: John A. Dochler

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ger

12 MAIDEN NAME OF MOTHER: Marg. Wagner

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Bella G. Shane

(Address) 104 E. 32nd St.

15 Filed SEP 9 1928 19 HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-7 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thrombosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] (Coroner) M. D.

9/8, 1928 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: Sept. 10 1928

20 UNDERTAKER: Jos. F. Herr — ADDRESS: 1564 N. Luzerne Ave

very important. See instructions on BACK of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37230
1-PLACE OF DEATH

31 E 37230
REGISTERED NO.

City of BALTIMORE: (No. 602 S Rose St. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Wisniewski

(a) RESIDENCE NO. 602 S Rose St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 8 1928 3 19,4x

7 AGE

| Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 14 | 0 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) School Girl

(c) Name of employer

9 BIRTHPLACE (city or town) Mt. Pleasant P.A.A

(State or country)

PARENTS

10 NAME OF FATHER Stanislaus Wisniewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Balcerak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Stanislaus Wisniewski

(Address) 602 S. Rose St.

15 Filed SEP 9 1928 19 C. HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Florida

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) 0 yrs. mos. 1 ds.

Sept 8/28

(Signed) M. D.

(Coroner)

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Sept 10 1928

20 UNDERTAKER ADDRESS

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Appel -

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37231

## CERTIFICATE OF DEATH

E 37231

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 811 N. Bradford ST., 7-12 WARD)

2—FULL NAME Martha W. Appel

(a) RESIDENCE NO. 811 N. Bradford ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis H. Appel

7 DATE OF BIRTH (month, day, and year) May 5, 1870

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 4 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Henry Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Vogel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Lewis H. Appel

(Address) 811 N. Bradford St.

15 Filed SEP 8 1928, 19 CAMPBELL JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 19 28, to Sept 7, 19 28

that I last saw her alive on Sept 4 19 28

and that death occurred, on the date stated above, at 5-48 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Exhaustion 1 day.
Cerebral Hemorrhage

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John W. Sandersen, M. D.

, 19 (Address) 1714 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Carmel Cem | Sept 1928 |

20 UNDERTAKER Wm C. Miller & Son ADDRESS 2334 Jefferson

Spec--12-23-21—E.B.R.S.—400 Bks.

E 37232 V 37232

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37232

## CERTIFICATE OF DEATH.

Registered No. 149

1-PLACE OF DEATH

City of BALTIMORE: (No. Cor Poplar Grove & Laurel St., 16-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John H. Hamp.

876 W Lawrence

(a) Residence No. Cor Poplar Grove & Laurel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~Single,~~ Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hamp

6-DATE OF BIRTH (month, day and year) Aug 2 1848

7-AGE, 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Picture Frame Seller

(b) General nature of industry, business, or establishment in which employed (or employer). do

(c) Name of employer.

9-BIRTHPLACE (city or town), (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Hamp.

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Louisa ?

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Germany

14- (Informant) Mary Hamp

(Address) Cor Poplar Grove & Laurel

15- Filed SEP 9 1928 192 C. RAMSON JONES, M. D. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 7/28

17- I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to Sept 7, 1928, that I last saw h.. alive on Sept 7, 1928, and that death occurred, on the date stated above, at 11.45 p m

The CAUSE OF DEATH* was as follows:

Hypernephroma Left Kidney

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) L. A. Elliott, M. D.

, 19 (Address) 357 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western DATE OF BURIAL, SEP 10 1928, 19

20-UNDERTAKER. Geo W Little ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

**E 37233**

# HEALTH DEPARTMENT—CITY OF BALTIMORE

L 39233

## CERTIFICATE OF DEATH.

17°

**F 37233**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 17 E. Franklin St. St. 4-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George F. Taylor.

(a) RESIDENCE NO. 17 E. Franklin St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ---- mos. ---- ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | ---------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Actor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Charles S. Borrance.

(Address) 134 S. Hilton St.

15 Filed ..... 19 ..... HAMPSON JONES M. D. Registrar

very important. See instructions on back of Certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 7, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in the head.
Suicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) H. W. Reinhardt M. D.
(Coroner)

9/8. 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial ..... 19

20 UNDERTAKER Geo. W. Little ADDRESS

SEP 10 1928

Cor.—12-9-25—A Co.—200 Bks.

E 37234

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37234

## CERTIFICATE OF DEATH.

E 37234.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Litton R Bassom

(a) RESIDENCE NO. Hampstead Carroll Co. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. Lifetime long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 3 1906

| 7 AGE | Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 22 | 0 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer the father

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John M. Bassom

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma M. Rayston

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant ... Father

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

SEP 9 1928 By R.A.K.

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9/28 19__

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to L death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebro Pulmonary Lobar Pneumonia

(autopsy Hospital)

(duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J H Carter M. D.

(Coroner)

9/9/28 (Address) Hampstead

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Grace Church Baltimore | 9-10 1928 |

20 UNDERTAKER Edw O Wiltston ADDRESS Hampstead Md

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37235

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

9-47

E 37235

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 601 E. 38th. St. ST. WARD)

2-FULL NAME Mary A. Roberts

(a) RESIDENCE NO. 601 E. 38th. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6 DATE OF BIRTH (month, day, and year) 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 71 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) New York

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Jane Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant R.H. Brady

(Address) 1125 Calvert Bldg.

15 Filed SEP 10 1928 19 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1928

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1928, to Sept 8, 1928.

that I last saw h[redacted] alive on Sept 7, 1928

and that death occurred, on the date stated above, at 2 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of breast - Sp

(duration) 5+ yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) S. W. Brady, M. D.

9/8, 1928 (Address) 802 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: German Luthern- Reisterstown — DATE OF BURIAL: 9/10 1928

20 UNDERTAKER: Chas. R. Traut & Son — ADDRESS: 1181 W. Fayette

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37236

E 37236

## CERTIFICATE OF DEATH

46

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 718 W. Mulberry St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Sherwood

(a) RESIDENCE NO. 718 W. Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Sherwood

6 DATE OF BIRTH (month, day, and year) 1-11-1881

| 7 AGE Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|
| 47 | 7 | 26. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Of

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Christine Neal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mary Hicks

(Address) 718 W. Mulberry St

15 Filed SEP 10 1928 C. HAMPSON JONES, M. D. Registrar

Plat

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7-1928

17 I HEREBY CERTIFY, That I attended deceased from 3-2, 1928, to 9-7, 1928, that I last saw h.. alive on 9-7, 1928, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia lobar

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank A Saunders, M. D.

9-8-1928 (Address) 1024 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Mt Auburn Cem | 9-10 1928 |
| 20 UNDERTAKER Daniel Easton | ADDRESS 916 Gay |

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37237 ✓ E 37237

## CERTIFICATE OF DEATH.

162

E 37237

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 644 W. Fairmount Ave., St. 5 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Bridgest

(a) RESIDENCE NO. 644 W. Fairmount Ave., St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Negro | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1928.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | | 27 | |

8 OCCUPATION OF DECEASED None.

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Carrie Bridgest.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) N. C.

14 Informant Mrs. Jennie Daniels,

(Address) 644 W. Fairmount Ave.

15 Filed.....19.. G. HAMPSON JONES, M. D.

Registrar

SEP 10 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Congenital Atelectasis.

(duration) ..c..yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Feller, M. D.

(Coroner)

9/8/1928 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs..,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 9-10 1928

20 UNDERTAKER Daniel Eaton ADDRESS 916 N

very important. See instructions on back of certificate.

Cor.—12-9-26—A Co.—200 Bks.

E 37238

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37238

1-PLACE OF DEATH

City of BALTIMORE: (No. 6311 Marley Neck Road St. Curtis Bay Ward)

2-FULL NAME John E. Pinkine.

(a) RESIDENCE NO. 6311 Marley Neck road. St. Curtis Bay Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, widowed or divorced, HUSBAND OF XXXXXXXXXXXX Lillie M. Pinkine.

6 DATE OF BIRTH (month, day, and year) October 10 1874

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 53 | 10 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night watchman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ____ (State or country) Denton, Md.

PARENTS

10 NAME OF FATHER Michael Pinkine.

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Do not know.

14 Informant Lillie M. Pinkine. (wife)

(Address) 6311 Marley Neck Rd. Curtis Bay.

15 Filed ____ 19 ____ C. M. [illegible] JONES, M. D. Registrar

Per [illegible]

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 7, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) [illegible] M. D. (Coroner)

9/8 · 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Sept 10 1928

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

very important. See instructions on back of

SEP 10 1928

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**E 37239**

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

100-001

**E 37239**

REGISTERED NO.

CITY OF BALTIMORE: (No. 410 Fremman St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Jackson

(a) RESIDENCE NO. 410 Freman St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 13, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | | 8 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Elmer Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Rose Hood.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Elmer Jackson

(Address) 410 Freeman St.

15 Filed SEP 10 1928 19 C. MANSON JONES, M. D. Registrar

By —

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1928, to Sept 8, 1928

that I last saw h alive on Sept 8, 1928

and that death occurred, on the date stated above, at 12-0 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Primary

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. K. Lamport M. D.

Sept 9, 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Md.

DATE OF BURIAL Sept 10, 1928.

20 UNDERTAKER Ehrowetts Son

ADDRESS 3615 Chestnut Ave

Spec.—1-12-23—M&T—500 Blks.

# E 37240 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37240

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Huntingdon Ave. ST., 17 WARD

REGISTERED NO. 75002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Coleman

(a) RESIDENCE No. 2604 Huntingdon Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Coleman

6 DATE OF BIRTH (month, day, and year) May 7, 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 4 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Susan Kone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. Annie M. Coleman (Address) 2604 Huntingdon Ave.

15 Filed SEP 10 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1928, to Sept 7th, 1928, that I last saw h~~i~~m alive on Sept 7th, 1928 and that death occurred, on the date stated above, at 11.15 A m.

The CAUSE OF DEATH* was as follows:

Paralysis.

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geo. E. Cross, M. D.

19 (Address) 78 W 2 s St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arnold Rudy

DATE OF BURIAL Sept. 10, 1928

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North ave.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**37241**

## CERTIFICATE OF DEATH.

**E 37241**

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Irish ST. 11-24 WARD)

2-FULL NAME Leander Thomas

(a) RESIDENCE No. 822 Tyson ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Brooks Thomas

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 36 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER Silas Thomas

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Hankins

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant ..... (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed SEP 10 1928, 19 HAMILTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/19, 1928, to 9/7, 1928 that I last saw h[redacted] alive on 9/7, 1928 and that death occurred, on the date stated above, at 3:6 m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of [redacted]/28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Sm. [redacted] M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Sept 11 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37242 — 1-PLACE OF DEATH

90

E 37242 — REGISTERED NO.

City of BALTIMORE: (No. 1021 Druid Hill St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Spencer M. Hayes

(a) RESIDENCE NO. 1021 Druid Hill Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M.

6 DATE OF BIRTH (month, day, and year) ? 1869

7 AGE Years 59 Months Days IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D. C.

(State or country)

PARENTS

10 NAME OF FATHER Abraham Hayes

11 BIRTHPLACE OF FATHER (City or town) Was. D. C.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Edith M. Hayes

(Address) 1021 Druid Hill

15 Filed SEP 10 1928 — 16 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1928 19

17 I HEREBY CERTIFY, That I attended deceased from June 11 1928 to Sept 7 1928

that I last saw him alive on 9-6-28 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. 2 weeks mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. R. Boykin M. D.

19 (Address) 1618 Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial SEP 10 1928

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37243

## CERTIFICATE OF DEATH.

31 E 37243

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 860 Pierce ST. 16-16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Jones

(a) RESIDENCE NO. 860 Pierce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salisbury Md

PARENTS

10 NAME OF FATHER Edward Riddle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury Md

14 Informant Ella Dabin (Address) 860 Pierce St

15 Filed ....., 19 ..... Registrar

C. HANSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Sept. 8, 1928, that I last saw him alive on Sept. 7, 1928, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Exam

(Signed) Edwin E. Wagner, M. D.

Sept 10, 1928 (Address) 1717 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 9/10 1928

20 UNDERTAKER David T. Beasley

ADDRESS 578 N. Eutaw

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**E 37244**

## CERTIFICATE OF DEATH

44 **E 37244**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 S. Rose St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gesine M. Farber

(a) RESIDENCE NO. 517 S. Rose St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth 36 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced · HUSBAND of (or) WIFE of Louis Farber

6 DATE OF BIRTH (month, day, and year) May 16th 1862

| 7 AGE | Years | Months | Days |
|---|---|---|---|
| | 66 | 3 | 23 |

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER J. Molde

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Louis Farber

(Address) 517 S. Rose St

15 Filed 10 1928 C. HARRISON JONES, M. D. Registrar

by

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927, to Sept. 9, 1928, that I last saw her alive on Sept. 8, 1928, and that death occurred, on the date stated above, at 2:10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis — Primary lesion in Oesophagus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

. 19 (Address) 432 S. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Cemetery — Date of Burial 9/12 1928

20 UNDERTAKER Louis Heaman — ADDRESS 328 S. Bway

very important. See instructions on back of certificates.

ec.—1-12-23—M&T—500 Blks.

# E 37245 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 37245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 6-9 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard S Matthews

(a) RESIDENCE NO. 1851 Arlington ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Mathews

DATE OF BIRTH (month, day, and year) 1870

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant ..... (Address) ..... BALTIMORE CITY HOS...

15 Filed ..... 1928 . 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/8 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/25, 1928, to 9/8, 1928, that I last saw him alive on 9/8, 1928, and that death occurred, on the date stated above, at 7.55 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia of Both Lungs

Chr. Interstitial Nephritis

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

. 19 (Address) ..... BALTIMORE CITY HOS...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — DATE OF BURIAL: Sept 2 1928

20 UNDERTAKER: Edward Bryan — ADDRESS 1631 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**E 37246**

## CERTIFICATE OF DEATH

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

OF BALTIMORE: (No. 1838 Rutland Av ST., 9-17 WARD)

2—FULL NAME Fredericka Rice

(a) RESIDENCE NO. 1838 Rutland Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: late Chas L. Rice

6 DATE OF BIRTH (month, day, and year): Oct 15/58

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 10 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va.

10 NAME OF FATHER: Michael Grund

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

Informant: Clarence L. Rice

(Address) 1838 Rutland Av

Filed OCT 10 1928, 19

CLAMPETT OGLE, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 8/28

17

I HEREBY CERTIFY, That I attended deceased from 9/0, 19 28 to 9/8, 19 28, that I last saw h alive on 9/8, 19 28 and that death occurred, on the date stated above, at 1300 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cardiac dilatation & chronic interstitial nephritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage & thrombosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Wm A Ambrose, M. D.

19 (Address) 1622 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: 9/11 19 28

20 UNDERTAKER: Philip Herrigan — ADDRESS: Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

E 37247 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37247

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6113 Ridgeview Av ST.) (WARD) Raspeburg

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm S. Taylor

(a) RESIDENCE NO. 6113 Ridgeview ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary J. Taylor

6 DATE OF BIRTH (month, day, and year) July 3 1876

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 52 | 2 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Electrical

(c) Name of employer Burned

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Sam'l. J. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice C.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary J. Taylor

(Address) 6113 Ridgeview Av

15 Filed 1 0 1928 C. Hampson Lowe, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, to Sept 7, 1928, that I last saw him alive on Sept 7, 1928 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart.
Chronic interstitial Nephritis.
Hypertension.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prob. Carcinoma Liver (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Webster, M. D.

, 19 (Address) 6409 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL 9/11 19 28

20 UNDERTAKER Philip Henry — ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Blks.

dbresel.

E 37248

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37248

## CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

[redacted]

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 24-33 WARD)

2-FULL NAME Conrad Hunert

(a) RESIDENCE NO. 103 Bremy ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day and year) May 24 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 3 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Conrad Hunert

11 BIRTHPLACE OF FATHER (city or town) Germany.
(State or country)

12 MAIDEN NAME OF MOTHER Nate (Wehrmann)

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant BALTIMORE CITY HOS.....
(Address) [redacted]

15 Filed JUN 10 1928, 19 C. HAMPSON JONES, M. D., Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6 1928

17 I HEREBY CERTIFY, That I attended deceased from 4/6, 1928, to 4/6, 1928, that I last saw h[illegible] alive on 4/6, 1928, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Malignant tumor
of Abdomen
Intestine

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 3/22/28

Was there an autopsy? Yes

What test confirmed diagnosis? Surgery & Path

(Signed) ..... H. W. Cook, M. D.

..... 19 (Address) [redacted] BALTIMORE CITY HOS.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 6/11 1928

20 UNDERTAKER H. H. Cook — ADDRESS 502 E. Monument

Spec.—2-29-28—L. F. S.—500 Bks.

Dr b.a Cahn 2105 W Balt Bel 2456

# E 37249 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

9 E 37249

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Uzeth St. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lloyd W Applegarth

(a) RESIDENCE NO. 638 Uzeth ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign born? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR OR RACE | Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 3/27

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 10 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Edward A Applegarth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Helen L Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Helen L Applegarth

(Address) 638 Uzeth St

15 Filed Aug 1 1928, 19 HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8/28

17

I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Sept 8, 1928, that I last saw h alive on Sept 8, 1928 and that death occurred, on the date stated above, at 5 05 m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronco Pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Chas A Cahn, M. D.

9/9, 1928 (Address) 2105 W Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park | Sept 10 1928 |
| UNDERTAKER William Cook | ADDRESS 522 E Mulberry |

Spec.—1-12-23—M&T—500 Bks.

E 37250 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37250

44

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 1668 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma V. Bean (BEAN)

(a) RESIDENCE NO. 1211 Dukeland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William J. Bean

6 DATE OF BIRTH (month, day, and year): Dec. 8, 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 9 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William T. Hogg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Martha Crosswell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): -------

14 Informant: Miss Nellie A. Bean

(Address)

15 Filed SEP 10 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928 to Sept 9, 1928, that I last saw h alive on Sept 9, 1928 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. -- mos -- ds.

CONTRIBUTORY (Secondary) Senical Marasmus

(duration) -- yrs. -- mos. -- ds.

18 Where was disease contracted if not at place of death? 1211 Dukeland St.

Did an operation precede death? yes Date of Aug 24 1928

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Emil Novak, M. D.

19 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 9/11 1928

20 UNDERTAKER: Henry U. Mears & Son

ADDRESS: 1805 N. Calvert

[illegible] JOHN JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37251

REGISTERED E 37251

1700

1-PLACE OF DEATH

City of BALTIMORE: (No. 216 E. Lexington St. St. 27-6 Ward 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Walter Ganster Jr.

(a) RESIDENCE NO. 421 Lake Ave, St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 0 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male. | White | Married |

5a If married, HUSBAND of XXXXXXXXXXXXX XXXXXXXXX Anna Ganster.

6 DATE OF BIRTH (month, day, and year) August 14, 1890

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 38 | 0 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry W. Ganster Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah McGraw.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Anna G. Ganster. (wife)

(Address) 421 Lake Ave.

15 Filed 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 8, 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in the head.

over

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. W. Leonhardt M. D.

(Coroner)

9/10 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Druid Ridge Cemetery | 9/10 1928 |
| **20 UNDERTAKER** | **ADDRESS** |
| Henry W. Sears & Son. | 305 N. Calvert |

Very important. See instructions on back of certificate.

Appc.—1-10-21—M&T—1500 Blks.

E 37252

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37252

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 York Court ST., 12-41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph William Crist

(a) RESIDENCE NO. 23 York Court ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs 4 mos 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Nellie E. Crist

6 DATE OF BIRTH (month, day, and year): April 27, 1861

7 AGE — Years: 67 — Months: 4 — Days: 10 — If LESS than 1 day, hrs. or min.: 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wholesale Mfg

(b) General nature of industry, business, or establishment in which employed (or employer): Dress Goods (CHS)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jacob Crist

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Wilhelmina Bergel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Nellie E. Crist 23 York Court.

15 Filed SEP 10 1928, 19 Per [illegible] Registrar

CAMPION JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Sept 1, 1928, that I last saw h alive on Sept 1, 1928, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Stephen Beck M. D.

9/8, 1928 (Address) 200 S. Clinton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemt — DATE OF BURIAL: Sept 19, 28

20 UNDERTAKER: Jas Jaenderson Son — ADDRESS: 217 S Paca

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37253

## CERTIFICATE OF DEATH.

E 37253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 N. Kenwood Ave. ST., 7-12 WARD)

REGISTERED NO. 74001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME BENJAMIN F. FISHER

(a) RESIDENCE NO. 832 N. Kenwood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Fisher

6 DATE OF BIRTH (month, day, and year) March 4, 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 79 | 6 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bartlet-Haward Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Fisher

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Young

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs. Sarah Fisher (Wife)
(Address) 832 N. Kenwood Ave.

15 Filed SEP 10 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 8 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1928, to Sept. 8, 1928, that I last saw him alive on Sept. 8, 1928 and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. F. Chmelz, M. D.

Sept 9 19 28 (Address) 701 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Sept. 11 1928

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE ST. & BROADWAY

Spec.—2-29-28—L. F. S.—500 Blks.

951

216 E 37254

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

36-004 E 37254

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2747 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Reuel Birchhead

(a) RESIDENCE NO. 400 3 Belnew Avenue ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 9, 1905

7 AGE: 22 Years 3 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER Louis Birchhead

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER Jessie Faithful

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Friends (Address) JOHNS HOPKINS HOSPITAL

15 Filed 10 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1928 to Sept 8, 1928 that I last saw h alive on Sept 8, 1928 and that death occurred, on the date stated above, at 7:15 a.m.

The CAUSE OF DEATH* was as follows:

Renal tuberculosis (duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anaemia (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 9/7/28

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) H. C. Smith, M. D.

9/8, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept 12 1928

20 UNDERTAKER: E. A. Bramming — ADDRESS: 1136 Poplar Grove St

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37255

## CERTIFICATE OF DEATH

124 E 37255

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1002 North Washington ST.) (13 WARD)

2—FULL NAME Mamie M. Mc. Greevy

(a) RESIDENCE NO. 1002 North Washington ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

6a If married, widowed, or divorced (or) WIFE of Charles F. Mc. Greevy

7 DATE OF BIRTH (month, day, and year) Oct 25- 1871

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 10 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimor (State or country) Maryland

10 NAME OF FATHER John Smor

11 BIRTHPLACE OF FATHER (city or town) Baltimor (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Susson

13 BIRTHPLACE OF MOTHER (city or town) Baltimor (State or country) Maryland

14 Informant Charles F. Mc. Greevy

(Address) 1002 N. Washington

15 Filed 10 1928, 19 C. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 9-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1928, to Sept 9, 1928, that I last saw h[illegible] alive on Sept 9, 1928 and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Empyema of Gall Bladder

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Joseph Peterson M. D.

19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimor Cemetery | Sept 12 1928 |
| 20 UNDERTAKER Greiman Cook | ADDRESS 501 E North Ave |

Spec.—1-12-23—M&T—500 Blks.

E 37256 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37256

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2653 Wilkens Ave., (ST.) 20-1 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter F. Smith

(a) RESIDENCE NO. 2653 Wilkens Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divoreed
HUSBAND of
or) WIFE of Carolina Smith(Nee Leilich)

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1870

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 9 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Private Detective

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Cornelius F. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Walter F. Smith
(Address)

15 Filed ..., 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1928

17 I HEREBY CERTIFY, That I attended deceased from June, 1928, to Sept 6, 1928, that I last saw h alive on Sept 6, 1928, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Uremia
Interstitial nephritis

Duration (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Weissman, M. D.

Sept, 1928 (Address) 2657 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — DATE OF BURIAL 9/10/28

20 UNDERTAKER Harry J. Witzke — ADDRESS 53 N. Lombard St.

Spec.—I-12.23—M&T—500 Bks.

# E 37257 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 37257

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 W Lexington ST. 20-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOSEPH KUNGIS

(a) RESIDENCE No. 2235 W Lexington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 75 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER Joseph Kundis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Petrone Strombagas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Mary Kungis

(Address) 2235 W Lexington Street

15 Filed 10 1928 . 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5 . 1928 . to Sept. 8 . 1928 , that I last saw h[illegible] alive on Sept 8 . 1928 , and that death occurred, on the date stated above, at 9[illegible]15 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension,
Chronic Nephritis

(duration) 5 yrs. 7 mos 0 ds.

CONTRIBUTORY (Secondary) Hemiplegia (Cerebral Hemorrhage) (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) A. Bruhmes, M. D.

. 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | Sept. 11 1928 |
| 20 UNDERTAKER | ADDRESS |
| John Grebinstas | 423 S. Pac. St. |

Spec.—2-29-28—L. F. S.—500 Bks.

Jos Kasinski

E 37258

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161 - E 37258

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N Wolfe ST., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME no name

(a) RESIDENCE NO. 414 N Wolfe ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word):

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept 8-1928

| AGE | Years | Months | Days | If LESS than 1 day, hrs. 90 min. |
|---|---|---|---|---|
| | — | | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Frank Kasinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Barbara Bensko

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant

(Address)

Filed ..., 19.. L. Bauroth Reese M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8-28

17 I HEREBY CERTIFY, That I attended deceased from Sept 8-28 A.M. 1928, to Same date 3 30 A.M. 1928

that I last saw h alive on Sept 8, 1928

and that death occurred, on the date stated above, at 3 30 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth (6 mo)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) Samuel Silverstein, M. D.

19 (Address) 22 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

SEP 10 1928

Spec.—2-29-28—L. F. S.—500 Bks.

Inf Kasinski

E 37259

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-001

E 37259

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 S Wolfe St. WARD) 2-4

2—FULL NAME No name

(a) RESIDENCE NO. 414 S Wolfe St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 8/28.

7 AGE — Years | Months | Days | If LESS than 1 day, ... hrs. 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frank Kasinski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Bertha Bentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant ... (Address) JOHNS HOPKINS HOSPITAL

15 Filed 10 1928 C. BAMBERGER JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 8 - 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/8/28, 19 25, to ..., 19 ..., that I last saw h[im] alive on 3 AM same date, 19 ..., and that death occurred, on the date stated above, at 3 30 AM

The CAUSE OF DEATH* was as follows:

Premature Birth (6 months)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of ...

Was there an autopsy? —

What test confirmed diagnosis? Autopsy

(Signed) Brent Alverson M. D.

19 (Address) 22 S Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER: Commissioner Health.

ADDRESS: SEP 10 19

Spec.—2-29-28—L. F. S.—500 Bks.

396

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37260

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. [illegible] WARD)

2—FULL NAME Janie Williams

(a) RESIDENCE NO. 239 Myrtle Avenue ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

113

E 37260
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Baby |

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 1928

| AGE | Years | Months 2 | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 3 mos. | | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Walter Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Bertha Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 10 1928 H. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/6/28

17 I HEREBY CERTIFY, That I attended deceased from August 31, 1928, to September 6, 1928, that I last saw her alive on September 6, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Entero-colitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? H.

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. C. Goodwin, M. D.

9/8, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Sept 10 1928

20 UNDERTAKER Thomas E. Kelson — ADDRESS 307 Presstman St

Spec.—2-29-28—L. F. S.—500 Bks.

E 37261 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37261

# CERTIFICATE OF DEATH

129

REGISTERED NO. 15-67

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Westwood ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isabelle Singer

(a) RESIDENCE NO. 3023 Westwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 28 ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | widow |

a If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Foster Singer

6 DATE OF BIRTH (month, day, and year) April 10-1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 4 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Alexander Stall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Preston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

PARENTS

14 Informant Mrs Florence Hamilton

(Address) 3111 Walbrook Ave

15 Filed FEB 10 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8-1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1928, to Sept 8 1928, that I last saw h[illegible] alive on Sept 8 1928 and that death occurred, on the date stated above, at 11:20 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. — mos. one ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Macroscopic & Clinical

(Signed) Wm J Sellmeyer M. D.

9/10, 1928 (Address) 1706 La Fayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem | Sept. 11 1928 |
| 20 UNDERTAKER Harry W. Ehlen | ADDRESS 1924 W North Ave |

Spec.—3-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37262

## CERTIFICATE OF DEATH

90

E 37262

1—PLACE OF DEATH

REGISTERED NO. 1-3

CITY OF BALTIMORE: (No. 506 S Patterson Prk Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ludwik Popiacki

(a) RESIDENCE NO. 506 S. Patterson Prk Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? 28 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

a If married, widowed, or divorced HUSBAND of or WIFE of Sophia Popiacki

DATE OF BIRTH (month, day, and year) Aug. 15. 1866

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | | 24 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Michael Popiacki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Sophia Popiacki
(Address) 506 S. Patterson Pk Ave

15 Filed C. HAMPSON JONES, M. D. Registrar
9/28

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 8-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 3" 1928, to Sept 8" 19 28,

that I last saw him alive on Sept 8" 19 28

and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Caleb W. Athey, M. D.

Sept 8. 1928 (Address) 1008 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St, Stanislaus Cemetery | Sept, 12 /28 |
| 20 UNDERTAKER | ADDRESS |
| George A. Weber | 2205 Bank |

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37263 E 37263

## CERTIFICATE OF DEATH

113

1—PLACE OF DEATH

REGISTERED NO. 76

CITY OF BALTIMORE: (No. 3802 3rd ave ST. Wagners Point WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stanislaw Bialecki

(a) RESIDENCE NO. 3802 3rd ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) April 14-1848

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 4 | 26. | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Invalid, Old

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Bartolomew Bialecki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Stanislawa Cinkiewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Bartolomew Bialecki

(Address) 3802 3rd ave.

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 10, 1928, that I last saw him alive on Sept 8- 1928 and that death occurred, on the date stated above, at 6 45 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis.

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

19 (Address) 846 - Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross. G.G. Co. | Sept. 16 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry A. Weber | 2205 Bank St. |

Spec.—1-12-23—M&T—500 Blks.

# E 37264 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37264

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Christian ST. 20-28 (WARD)

2-FULL NAME Willie Welsin.

(a) RESIDENCE NO. 1206 Christian ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male. | white | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Aug 9-28

| 7 AGE | Years | Months, | Days, | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 30 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Raymond Welsin

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Teresa Markey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Raymond C. Welsin

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

0 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Sept 10, 1928, that I last saw h alive on Sept 9, 1928, and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

Whooping cough.

(duration) nd yrs nd mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? nd Date of

Was there an autopsy? nd

What test confirmed diagnosis?

(Signed) Raymond C Johnson, M. D.

(Address) Parkton Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cemetery | Sept 10 1928 |
| UNDERTAKER | ADDRESS |
| George L. Schwab | 5101 Belair Rd. |

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37265

## CERTIFICATE OF DEATH.

113

E 37265

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 105 N Conway St. 22-30 Ward)

2-FULL NAME Allen M. McNeal

(a) RESIDENCE NO. 105 N Conway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 29/28

7 AGE: Years — Months: 1 — Days: 14 — IF LESS than 1 day ....hrs. or ....min.: 10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 60

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Allen McNeal Sr

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Rena Mayford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mrs Allen McNeal

(Address): 105 N Conway St

15 Filed: 10/1928 — C. HANSON JONES, M. D. — Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 9 19 28

17

I HEREBY CERTIFY, That I attended deceased from Sept 7 19 28 to Sept 9 19 28, that I last saw h... alive on Sept 9 19 28, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Colon

No Urgency

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed: Chas. E. Campbell M. D.

Date: Sept 10 1928 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

SEP 10 1928

Spec.—1-12-23—M&T—500 Blks.

E 37266

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37266

## CERTIFICATE OF DEATH.

161-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W 23rd St) ST. 12-51 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Brooden

(a) RESIDENCE No. 115 W 23rd st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9 1928

7 AGE: Years — Months — Days — If LESS than 1 day, 1 hr or 60 min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: col

(b) General nature of industry, business, or establishment in which employed (or employer): col

(c) Name of employer: col

9 BIRTHPLACE (city or town) (State or country): Cato Md Maryland

PARENTS

10 NAME OF FATHER: John R Brooden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ada B Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address)

15 Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Sept 9, 1928, that I last saw h-z alive on Sept 9, 1928 and that death occurred, on the date stated above, at 10 50 a m

The CAUSE OF DEATH* was as follows:

Prematurity, conditions of Birth, and premature Birth

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Physical condition

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) G F Hall, M. D.

, 19 (Address) H 24 623 Dol

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: SEP 10 1928

20 UNDERTAKER

ADDRESS

G. HAMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

E 37267

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113

E 37267

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 16-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Wilson

(a) RESIDENCE NO. 1203 W. Lanvale St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 26, 1927

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 8 | 13 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER William Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Catherine Braxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Catherine Wilson

(Address) 1203 W Lanvale St

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1928, to Sept 9, 1928, that I last saw him alive on Sept 9, 1928 and that death occurred, on the date stated above, at 1 20 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (under 1 yr)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Meningismus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

9/10, 1928 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Sept. 10 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3224 Schroeder St.

Spec.—1-10-21—M&T—1500 Blks.

E 37268 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 37268

CERTIFICATE OF DEATH. 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1204 Hollins (St.) (Ward) 13-24-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Webster

(a) RESIDENCE NO 1204 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Geo W. Webster

6 DATE OF BIRTH (month, day, and year) 5/13/1850

7 AGE Years 78 Months 4 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) - - - -

(c) Name of employer - -

9 BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

PARENTS

10 NAME OF FATHER John Fesel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City Maryland

12 MAIDEN NAME OF MOTHER Mary A. Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City Maryland

14 Informant (Address) Geo W. Webster 1152 Longwood St. City

15 Filed 9 1928 Per C. HAMILTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Sept 8, 1928, that I last saw her alive on Sept 8, 1928, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. Intermm mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) Wallace Alter M. D.

9 1928 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 9-12 1928

20 UNDERTAKER Robert Brookerson — ADDRESS Calhoun Hollins

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37269

E 37269

100-001

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) Broadway (Ward)

2-FULL NAME Mrs Martha Logsdon

(a) RESIDENCE NO. Church Home & Infirmary (St.) (Ward)
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Nimrod C. Logsdon

6 DATE OF BIRTH (month, day, and year): Aug 27 1841

7 AGE: Years 87 Months 0 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Reisterstown, Maryland

PARENTS

10 NAME OF FATHER: John Z Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Reisterstown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Church Home & Infirmary N. Broadway

15 Filed 1928 C. RAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 9 1928

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to September 9 1928, that I last saw her alive on September 9, 1928, and that death occurred, on the date stated above, at 4 30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
General & Cerebral

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon K. Howard, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stone Chapel Cemetery (Private) DATE OF BURIAL: Sept 11 1928

20 UNDERTAKER: Hughes & Jones Inc ADDRESS: 1814 W Broadway

Spec.—1-12-23—M&T—500 Blks.

(Crocker)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37270

## CERTIFICATE OF DEATH.

E 37270

91-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4500 Charles St Ave (St.) WARD 21-53

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline H. Crocker

(a) RESIDENCE (Usual place of abode) No. 4500 Charles St Ave St. WARD

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 17, 1839

7 AGE — Years: 88 Months: 9 Days: 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or Town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Emanuel Crocker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Rebecca Suffolk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Samuel Crocker (Address) 4500 Charles St Ave

15 Filed 0 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-10 1928

17 I HEREBY CERTIFY, That I attended deceased from January, 1928, to 5-30, 1928, that I last saw h[illegible] alive on June 12th, 1928 and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Anaemia. Arterio-sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile - Pneumonia (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur G. Barrett M. D.

, 19 (Address) 2000 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: 9/14 1928

UNDERTAKER: Chas. P. Crane & Son ADDRESS: 118 W. Mt. Royal Ave

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37271

## CERTIFICATE OF DEATH

E 37271

1—PLACE OF DEATH

REGISTERED NO. 74-001

CITY OF BALTIMORE: (No. 3453 Chestnut Ave ST., 13-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecelia Cox

(a) RESIDENCE NO. 3453 Chestnut Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Cox.

DATE OF BIRTH (month, day, and year) March 3 1846.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | 6 | 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edward Cox.

(Address) 3453 Chestnut Ave.

15 Filed C. HANSON JONES M D

0 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9/1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1928, to Sept 9, 1928, that I last saw h alive on Sept 8, 1928, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Carmichael, M. D.

Sept 26, 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Balto Co.

DATE OF BURIAL Sept 11, 1928

20 UNDERTAKER Chenowith Son

ADDRESS 3616 Chestnut Ave

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37272

## CERTIFICATE OF DEATH

100-001

E 37272

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2812 Huntingdon Ave. WARD) 42 51

2—FULL NAME Howard Lee Coleman.

(a) RESIDENCE NO. 2812 Huntingdon Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | White | married. |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie M. Coleman

DATE OF BIRTH (month, day, and year) March 29 1886

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 5 | 10 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Pa. R.R. 13 01

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER Royal Coleman.

11 BIRTHPLACE OF FATHER (city or town) md. (State or country)

12 MAIDEN NAME OF MOTHER Anna B. Corbett

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jessie M. Coleman.

(Address) 2812 Huntingdon Ave.

15 Filed ....., 19.... C. HAMPSON JONES, M. D.

0 1928 per ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1928, to Sept 9th, 1928, that I last saw him alive on Sept 9th, 1928 and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchro Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park. | Sept 12, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Chenoweth Son | 3615 Gaithert ave |

Spec.—1-12-23—M&T—500 Bks.

E 37273

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37273

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 15-65 WARD)

2-FULL NAME Grant Bates

(a) RESIDENCE NO. 4115 Forest ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Fannie W. Bates

6 DATE OF BIRTH (month, day, and year): July 3 1855

7 AGE — Years: 72 — Months: 2 — Days: 6 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Somerset County

PARENTS

10 NAME OF FATHER: Benjamin Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country): Same

12 MAIDEN NAME OF MOTHER: Not-Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Same

14 Informant: Fannie W. Bates
(Address): 4115 Forest Ave

15 Filed ..... 19 ..... Registrar
C. HAMPSON
1928 RKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): SEP 9 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug 31, 1928, to Sept 9, 1928,

that I last saw h, alive on Sept 9, 1928,

and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

one week (duration) 1928 yrs. 9 mos. 5 ds.

18 Where was disease contracted if not at place of death? 4115 Norfolk Ave

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) Emil Krough, M. D.

, 19 (Address) 268 Druid Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: SEP 11 19 28

20 UNDERTAKER: Geo W Little

ADDRESS ...

Spec.—2-29-28—L. F. S.—500 Bks.

E 37274

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37274

1—PLACE OF DEATH

REGISTERED NO. 1678

CITY OF BALTIMORE: (No. 2813 Windsor Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Idella Porter

(a) RESIDENCE NO. 2815 Brighton ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced (or) WIFE of: Jefferson Bruce Porter

6 DATE OF BIRTH (month, day, and year): July 5 1870

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 58 | 2 | 4 | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8 BIRTHPLACE (city or town) (State or country): Salisbury Md.

10 NAME OF FATHER: Samuel Yoder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Culver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Jefferson B. Porter

(Address): 2815 Brighton St

15 Filed ..., 19 1928 By RRR Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 9 1928

17 I HEREBY CERTIFY, That I attended deceased from July, 1928, to Sept 9, 1928, that I last saw her alive on Sept 9, 1928 and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis Myocarditis

(duration) 10? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Frederic R.D. Wood, M. D.

Sept 9, 1928 (Address) 827 N Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury Md

DATE OF BURIAL: SEP 11 1928 19

20 UNDERTAKER: Geo W Tittle

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37275

## CERTIFICATE OF DEATH

45 E 37275

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 207 N Milton Ave WARD) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mabel K Webb

(a) RESIDENCE NO. 207 N Milton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? Life yrs. mos. ds.

(If non-resident give town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): May 24/1907

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 3 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Wm J Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Bertha L Ballman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Bertha L Adams (Address) 207 N. Milton Ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

1928 Sept

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 9/28

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1928, to Sept 9, 1928

that I last saw her alive on Sept 9, 1928

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Retro Peritoneal Sarcoma Metastasis to Liver.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Harry Weinstein, M. D.

(Address) Private Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Leakin Bell | Sept 12 1928 |
| 20 UNDERTAKER | ADDRESS |
| Williamson | 502 E North Ave |

Spec.—2-29-28—L. F. S.—500 Blks.

Hosp. 40.00 Edw. Co

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37276

## CERTIFICATE OF DEATH

31

E 37276

1—PLACE OF DEATH

REGISTERED NO. 28-66

CITY OF BALTIMORE: (No. 4300 Walnut Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Mitchell

(a) RESIDENCE NO. 4300 Walnut Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40½ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W. | Widow |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Richard

DATE OF BIRTH (month, day, and year) 1846

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 82 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Benjamin Bracken

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Buchanan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Mitchell
(Address) 4300 Walnut Ave

15 Filed 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8, 1928

17 I HEREBY CERTIFY, That I attended deceased from May, 1925, to Sept 8, 1928, that I last saw h.. alive on Sept 8, 1928 and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Colitis Chronic Endocarditis Tuberculosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Geo L. Wisong, M. D.

19 (Address) 4000 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Laurel Md | Sept 11 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm Cole | 502 E Pratt |

Spec.—2-29-28—L. F. S.—500 Bks.

E 37277

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37277

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 25

CITY OF BALTIMORE: (No. 427 West 23rd ST. 17-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine Mc Kittrick

(a) RESIDENCE NO. 427 West 23rd ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Patrick Mc Kittrick

6 DATE OF BIRTH (month, day, and year) April 1848

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 5 | | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Kildare Co Ireland

10 NAME OF FATHER Thomas Fallon

11 BIRTHPLACE OF FATHER (city or town) Kildare Co (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kelly

13 BIRTHPLACE OF MOTHER (city or town) Kildare Co (State or country) Ireland

14 Informant Annie E. Frock

(Address) 427 West 23rd Street

15 Filed ..... 19 ..... Registrar

C. HAMILTON JONES M. D.

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 9-1928

17 I HEREBY CERTIFY, That I attended deceased from ..... 11 ....., 19 25, to Sept 9, 19 28,

that I last saw h[illegible] alive on Sept 8, 1928.

and that death occurred, on the date stated above, at 2.25 P m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Senile arthritis

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Roscoe Ross, M. D.

Sept 10 1928 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Sept 12 1928

20 UNDERTAKER William Cook — ADDRESS 502 E. North Ave

Spec. 2-29-28—L. F. S.—800 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

11-002 E 37278

E 37278

1—PLACE OF DEATH

REGISTERED NO. 22-30

CITY OF BALTIMORE: (No. Sydenham Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Anderson

(a) RESIDENCE NO. 614 Conway St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | Single |

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) April 12, 1926

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 2 | 4 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Paton Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Car.

12 MAIDEN NAME OF MOTHER Estelle Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Car.

14 Informant Paton Anderson

(Address) 614 Conway St

15 Filed SEP 11 1928 19 C. HANSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1928, to Sept 9, 1928, that I last saw h.e alive on Sept 9, 1928 and that death occurred, on the date stated above, at 11 00 a.m.

The CAUSE OF DEATH* was as follows:

Influengal Meningitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lumbar Puncture

(Signed) Myron G. Tull, M. D.

9/10, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn | Sept 11 19 |
| 20 UNDERTAKER | ADDRESS |
| S. N. Brown & Son | [illegible] |

Cor.—12-9-25—A Co—200 Blks.

E 37279

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37279

1-PLACE OF DEATH

City of BALTIMORE: (No. 1834 E. Fairmount Ave St. 6-9 Ward)

2-FULL NAME Hyman Eisenstatter

(a) RESIDENCE NO. 1834 E. Fairmount Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Celia Eisenstatter

6 DATE OF BIRTH (month, day, and year) 1870

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 58 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Zelic Eisenstatter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town) Un

(State or country) Russia

14 Informant (Address) Jack Lewis 1439 E. Balto St

15 Filed 11 1928 C. MARION JONES M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

9/15 1928 (Address) 1086 Fountain

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reisterstown Cemetery Date of Burial 9/11 1928

20 UNDERTAKER Jack Lewis 1439 E Balto St

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

E 37280

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31 E 37280

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 Foster Ave. ST. 1-2 WARD)

2-FULL NAME John H. Hinners

(a) RESIDENCE NO. 3112 Foster Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine P. Hinners

6 DATE OF BIRTH (month, day, and year) Feb. 25th. 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min |
|---|---|---|---|---|
| | 47 | 7 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John H. Hinners

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Bessie Buckhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Catherine P. Hinners
(Address) 3112 Foster Ave.

15 Filed ..... 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Sept 9, 1928, that I last saw h[illegible] alive on Sept 9, 1928, and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Pulmonary T B.

..... (duration) ..... yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Incidental

..... (duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. E. Burke, M. D.

, 19 (Address) 3042 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Cemetery | 9/11/28 19 |

20 UNDERTAKER [illegible] ADDRESS 118 Unit Royal Ave

SEP 11 1928

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37281

## CERTIFICATE OF DEATH.

90

E 37281

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 George ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Miller

(a) RESIDENCE NO. 1610 George ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | col | married |

5a If married, widowed, or divorced
~~HUSBAND~~ or
(a) WIFE of Wm. Miller

6 DATE OF BIRTH (month, day, and year) 1902

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 26 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Ernest Brother

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Wm Miller
(Address) 610 George st

15 Filed SEP 11 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1928, to Sept 10, 1928, that I last saw h[illegible] alive on Sept. 9, 1928, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Valvular Disease
Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam.

(Signed) Frank E. Wagner M. D.

, 19 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alexandria Va

DATE OF BURIAL 9-11 1928

20 UNDERTAKER David Easton

ADDRESS 916 Pa ave

Spec.—2-29-28—L. F. S.—500 Bks.

21776

# HEALTH DEPARTMENT—CITY OF BALTIMORE

21 E 37282

## CERTIFICATE OF DEATH

101-001 ✓ E 37282

1—PLACE OF DEATH

REGISTERED NO. 15-59

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine White

(a) RESIDENCE NO. 2228 Pennsylvania ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col-

5 Single, ~~Married, Widowed,~~ or Divorced. (~~write the word~~): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 11-1925

7 AGE: Years: 3 yrs | Months: 5 | Days: 9. 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rhode Island

12 MAIDEN NAME OF MOTHER: Jennie Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Parents

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 11 1928 S. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/9/28

17 I HEREBY CERTIFY, That I attended deceased from August 10, 1928, to September 9, 1928, that I last saw her alive on September 9, 1928, and that death occurred, on the date stated above, at 12:30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Empyema (right side)

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Pneumonia & Empyema (left side) (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of ~~Surgery~~ Aug 20

Was there an autopsy? Yes.

What test confirmed diagnosis? X-ray. Thoracentesis.

(Signed) Benj G. Holloway, M. D.

9/9, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lexington Va — DATE OF BURIAL: 9-11-1928

20 UNDERTAKER: David Easton & Co — ADDRESS 916

Spec.—1-12-23—M&T—500 Bks.

E 37283 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

129 E 37283

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414-N. Central Ave ST.) 5-6 WARD)

2-FULL NAME Viola Brown Stewart

(a) RESIDENCE NO. 414. N. Central Ave ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE colored | 5 Single, Married, Widowed, or Divorced, (write the word) maried

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Edward

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE 31 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED Home work 037

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) x

(c) Name of employer x

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER ida grill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Co

14 Informant Ida Brown
(Address) 414 central ave

15 Filed SEP 11 1928, 19 [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9 – 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928. to Sept 9 –, 1928.
that I last saw her alive on Sept 9 –, 1928
and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy
Chronic Nephritis
(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
+Complication of disease (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Postive

(Signed) Dr G W Kennard, M. D.

9-10 1928 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount auburn Cem | DATE OF BURIAL Sept 13, 28

20 UNDERTAKER John H owens | ADDRESS 538 Dolph

E 37284

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37284

## CERTIFICATE OF DEATH.

Registered No. C 90

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maude Coughlin

(Residence in Baltimore: No. 2719 Fenwick ave St.; 50 yrs., mos., ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

6-DATE OF BIRTH: Jan 17 (Month) (Day) 1875 (Year)

7-AGE: 53 yrs. 7 mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Annapolis Md

PARENTS.

10-NAME OF FATHER: Rich. Kellman

11-BIRTHPLACE OF FATHER, (State or Country): Annapolis

12-MAIDEN NAME OF MOTHER: Anna Slemaker

13-BIRTHPLACE OF MOTHER, (State or Country): Annapolis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lamm

(Address) 2719 Fenwick ave

15-

Filed SEP 11 1928 19 HAMILTON JONES, M. D. Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 9 (Month) (Day) 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valv. Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

9 10 1928 (Address) 506 E Monument

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Bluff Empire DATE OF BURIAL: Sept 12 1928

20-UNDERTAKER: Geo W. Ennis & Son ADDRESS: 811 Mad

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37285

## CERTIFICATE OF DEATH.

89 E 37285
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 N. Bond St ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daisy D. Thomas

(a) RESIDENCE NO. 1337 N. Bond St ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. 0 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 121873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or.....min. |
|---|---|---|---|---|
| | 55 | 0 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical Work

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sommerset Co, Md.

PARENTS

10 NAME OF FATHER Henry Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sommerset Co

12 MAIDEN NAME OF MOTHER Esther Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Thomas Ford
(Address) 1337 N. Bond St

15 Filed SEP 11 1928, 19 EMERSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18 -, 1928, to Sept. 9 -, 1928, that I last saw her alive on Sept. 8 -, 1928 and that death occurred, on the date stated above, at 9 P. m

The CAUSE OF DEATH* was as follows:

Angina Pectoris
1st Severe attack

(duration) - yrs. - mos - ds.

CONTRIBUTORY (Secondary) Mild attacks

(duration) 7 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

9/14/1928 (Address) 1223 N. Carolina St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairmount Somerset Co Md. — DATE OF BURIAL 9/12 1928

20 UNDERTAKER J. Few Mc Cully — ADDRESS 130 E Fort

Spec.—2-29-28—L. F. S.—500 Bks.

E 37286. HEALTH DEPARTMENT—CITY OF BALTIMORE E 37286

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 400 E 25th ST. 17-50 WARD)

2—FULL NAME Louisa Oeh

(a) RESIDENCE NO. 400 E 25th ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 20. 1868

7 AGE: Years 59 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John Oeh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Oeh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Tora Oeh
(Address): 400 E 25th St

15 Filed SEP 11 1928, 19 — HAMPTON JONES M. — Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10. 1928

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1928, to Sept 10, 1928, that I last saw h[illegible] alive on Sept 10, 1928 and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of gall bladder

(duration) yrs. 10 mos. 0 ds.

CONTRIBUTORY (Secondary): Ac. Bright Disease

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of January 6, 1928.

Was there an autopsy? no

What test confirmed diagnosis? Exploratory Op in Jan.

(Signed) Harry E. Wilson M. D.

, 19 (Address) 3 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL 9/13 1928

20 UNDERTAKER: Wm. Cook — ADDRESS 502 E Monument

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37287

## CERTIFICATE OF DEATH

1928 CERTIFICATE OF DEATH

REGISTERED NO. 90

CITY OF BALTIMORE: (No. 116 N. Milton ave ST. 10-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lureny P. Francis

(a) RESIDENCE NO. 116 N. Milton ave ST.
(Usual place of abode) WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Francis

DATE OF BIRTH (month, day, and year) Oct. 27-1849

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 10 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Sharpstown, Md.

10 NAME OF FATHER Thomas Dashiell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Trappe, Md.

12 MAIDEN NAME OF MOTHER Theresa Phillip

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sharpstown Md

14 Informant Albert Francis
(Address) 116 N. Milton ave

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 8" , 1928, to Sept 10", 1928, that I last saw her alive on 9/9/28, 19 and that death occurred, on the date stated above, at 2 30 a m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. H. Francis, M. D.

. 19 (Address) 1340 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem. | Sept 13 1928 |
| 20 UNDERTAKER George W. Zirkler | ADDRESS 1737 E. Eager st |

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37288

## CERTIFICATE OF DEATH

100-001

E 37288

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1926 Aisquith ST., (WARD) 4-16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Jones

(a) RESIDENCE NO. 1926 Aisquith ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | C. | Single |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 24, 1927

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 10 | 16 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Willis Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Francis Kyanith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Francis Jones

(Address) 1926 Aisquith St.

15 Filed SEP 11 1928 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10/28.

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Sept 10, 1928, that I last saw him alive on Sept 10, 1928, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Physical

(Signed) D. G. W. Hammond, M. D.

9-11. 1928 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Calvery Cemetery | Sept 11 1928 |

20 UNDERTAKER Mrs R A Elliott ADDRESS 1725 Eastlund ave

Spec.—2-29-28—L. F. S.—500 Blks.

216 E 37289

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160 E 37289

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 5-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ethel Johnson

(a) RESIDENCE NO. 1403 Middle Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, ~~Married, Widowed, or Divorced, (write the~~ word): Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 1 - 1928

7 AGE: Years: 3 months | Months: | Days: 9 8 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Hollis Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Viola Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ricards

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/9/28

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to September 9, 1928, that I last saw h er alive on September 9, 1928 and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin, M. D.

, 19 (Address) J. H. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loving Cemetery

DATE OF BURIAL: Sept 10 1928

20 UNDERTAKER: Chas. P. Thomas & Bro.

ADDRESS: Carolina

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37290

## CERTIFICATE OF DEATH.

90 E 37290

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE, (No. [redacted] St., 4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raul O. Devarmeant

(a) RESIDENCE NO. 78 S Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE: 85 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Translator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): France

PARENTS

10 NAME OF FATHER: Raul O.

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Marie Rosa

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address)

15. Filed SEP 11 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-7 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-5, 1928, to 9-7, 1928, that I last saw him alive on 9-7, 1928, and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. H. Mock, M. D.

19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: Sept. 11 1928

20 UNDERTAKER: Lilly & Zeiler Inc.

ADDRESS: 403 S Wolfe

Spec.—2-29-28—L. F. S.—500 Blks.

E 37291

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37291

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 74-001

CITY OF BALTIMORE: (No. 1041 Guilford Avenue ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isabella L. Ready

(a) RESIDENCE NO. 1041 Guilford Ave. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if foreign birth? - yrs. - mos. - ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Ready

6 DATE OF BIRTH (month, day, and year) March 23, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 5 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Havre de Grace
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Quinn

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabella Young

13 BIRTHPLACE OF MOTHER (city or town) Havre de
(State or country) Maryland

14 Informant Mr. Michael Ready
(Address) 1041 Guilford Avenue

15 Filed SEP 11 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1928

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1928 to Sept 9, 1928

that I last saw her alive on Sept 9, 1928

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Ocular

9 (Signed) Chas L Thomsen, M. D.

10, 1928 (Address) 400 Harford Av Grace

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cathedral Cemetery | 9/13/1928 |

20 UNDERTAKER Henry U. Mears & Son ADDRESS 805 N. Calvert

Spec.—1-12-23—M&T—500 Blks.

E 37292 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37292

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) (St.) 30 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Sheehan

(a) RESIDENCE NO. 114 W. Barre st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve Sheehan

6 DATE OF BIRTH (month, day, and year) 1850 Nov 30

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 78 | 8 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Bartholomew Sheehan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Recores (Address)

15 Filed SEP 11 1928 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1922, to Sept. 10, 1928, that I last saw h im alive on Sept. 10, 1928, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis

(duration) [illegible]

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. and Clinical

(Signed) Henry C Smith, M. D.

9-11 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery

DATE OF BURIAL Sept 14 28

20 UNDERTAKER W M Routson

ADDRESS 2238 W Pratt

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37293

## CERTIFICATE OF DEATH.

101-001 V

REGISTERED NO. E 37293

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1015 Valley ST. 10-14 (WARD)

2-FULL NAME Edward Joseph Hart

(a) RESIDENCE No. 1015 Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White | married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice May Hart.

6 DATE OF BIRTH (month, day, and year) Dec 12-1872

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 8 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator Express 086

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry business

(c) Name of employer Columbia Laundry

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jno. Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ~~Mary~~ Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Wife (Address) 1015 Valley

15 Filed SEP 11 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 7. 1928. to Sept 10. 1928. that I last saw h[illegible] alive on Sept 10. 1928. and that death occurred, on the date stated above, at 11 p m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3/4 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical finding

(Signed) L. L. MacMurtrie M. D.

. 19 (Address) 2141 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morrow M. E. Church Cemetery Pleasant Hill Md. DATE OF BURIAL Sept 12 1928

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E Eager St.

Typo.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37294

## CERTIFICATE OF DEATH

161-001 ✓

E 37294

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 S. Robinson ST., 1/1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter William Klemme

(a) RESIDENCE NO. 422 S. Robinson ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept 9 1928

| 8 AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | | | | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NOW

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Wm Klemme

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Etta Kooth

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Etta Klemme
(Address)

15 Filed ..... 19 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Sept 10, 1928, that I last saw him alive on Sept 10, 1928, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

7 month foetus

(duration) ..yrs..mos..ds.

CONTRIBUTORY (Secondary)

(duration) ..yrs..mos..ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) H B. Tilden M. D.

9/11, 1928 (Address) 815 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Immanuel Cemetery

DATE OF BURIAL 9/12 1928

20 UNDERTAKER Louis Heemann

ADDRESS 328 Bway

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37295

## CERTIFICATE OF DEATH

44

E 37295

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 924 Pennington Ave. Ward 13-56)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clayton Brown

(a) RESIDENCE NO. 924 Pennington Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Miller Brown

6 DATE OF BIRTH (month, day, and year) Sept. 4, 1862

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 66 | - | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work auditor

(b) General nature of industry, business, or employer in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER B. Clayton Brown

11 BIRTHPLACE OF FATHER (City or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Henriette Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Alice E. Brown

(Address) 924 Pennington Ave.

15 Filed SEP 11 1928 C. HAMPSON JONES, M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from August 10, 1928, to Sept. 10, 1928,

that I last saw h[illegible] alive on Sept. 10, 1928,

and that death occurred, on the date stated above, at 6-[illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder and Liver

(duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 2 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Yes Date of April 1927

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Edgar P. Sandrock, M. D.

, 19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D.C. Date of Burial Sept 13 1928

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Pl.

very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37296

## CERTIFICATE OF DEATH

49 E 37296

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1251 N. Bway ST. 8-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm L Young

(a) RESIDENCE NO. 1251 N. Bway ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| male | White | Married |

a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ida M Young

DATE OF BIRTH (month, day, and year) Feb 4, 1877

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 7 | 5 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Highway Dept

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Wm L Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Stitcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Ida M Young

(Address) 1251 N. Bway

15 Filed SEP 11 1928 C. HAMPSON JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9. 1928

17 I HEREBY CERTIFY, ~~That~~ I attended deceased from Nov. 14 1927 to Sept. 9 1928

that I last saw h~~im~~er alive on Sept 9 1928

and that death occurred, on the date stated above, at 11:30A m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Sarcoma of Cerebellum)

1 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 7. 1927

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Edgar Tumbach, M. D.

19 (Address) Medical Arts 1304

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cemetery | Sept 11 1928 |
| 20 UNDERTAKER Robt J Turner Jr | ADDRESS 1492 N. Broadway |

Spec.—1-12-23—M&T—500 Bks.

E. 37297

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37297

## CERTIFICATE OF DEATH.

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, Green + Lombard Sts. WARD) 20

2-FULL NAME Benjamin W. Walker (Voelker)

(a) RESIDENCE NO. St. Helena, Baltimore ST., WARD Maryland

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not known

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Marcelus Voelker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Flach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant M. John Walker

(Address) 23 E. Bethel St

15 Sept 1 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1928, to Sept. 10, 1928, that I last saw him alive on Sept 10, 1928, and that death occurred, on the date stated above, at 8 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate with extension metastases to bladder & elsewhere.

(probable) (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cachexia of malignancy

(duration) yrs. 2- 6 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 31, 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wm H. Varney, M. D.

9/10 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Sept. 13 1928

20 UNDERTAKER Henry Hoech (Son) — ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 37298 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37298

# CERTIFICATE OF DEATH.

161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-13 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Swiezynska

(a) RESIDENCE NO. Sinai Hospital St., Ward .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) NA

PARENTS

10 NAME OF FATHER Edward Swiezynska

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Wytrwalska

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14

Informant .....

(Address) .....

15

Filed ..... 1928 C. HAMPSON JONES, M. D. 2788 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-1 , 19 28 , to 9-1 , 19 28 ,

that I last saw h alive on 9-1 , 19 28 ,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Samuel D. Hankin, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL ..... 19

20 UNDERTAKER ..... ADDRESS .....

JOHNS HOPKINS HOSPITAL

SEP 1928

Spec.—1-12-23—M&T—500 Bks.

E 37299

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37299

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. ) ST. 16-22 (WARD)

2-FULL NAME Benjamin Hardy

(a) RESIDENCE No. 802 no Bruce ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year)

7 AGE: 58 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Ben Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nancy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-3 1928

17

I HEREBY CERTIFY, That I attended deceased from 12-9, 1927, to 9-3, 1928, that I last saw him alive on 9-3, 1928, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis -

Myocarditis -

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension - (duration) yrs. mos. ds.

Syphilis ?

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Lab -

(Signed) H. M. Black, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

SEP 11 192

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37300 (5-27) 161-061 E 37300

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Taylor

(a) RESIDENCE NO. 828 Cutland Ave ST., ..... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death ocrurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Baby |

a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) .....

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 9 hrs | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or partirular kind of work .....

(b) General nature of industry, business, or establishment in whirh employed (or employer) .....

(r) Name of employer .....

9 BIRTHPLACE (rity or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Roscoe Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Alberta Bord

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Pearl ..... (Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 11 1928, 19 2788 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/28

17

I, HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Sept 7, 1928, that I last saw h[illegible] alive on September 7, 1928 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

marasmus

prematurity

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contrarted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? .....

(Signed) [illegible], M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Arcidental, Suicidal, or Homiridal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ..... 19

20 UNDERTAKER [illegible] JAMESON JONES

ADDRESS [illegible]

Director of Health.

SEP 11 1928

Cor.—12-9-25—A Co.—200 Hks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37301

## CERTIFICATE OF DEATH.

113 E 37301

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 324 W. Hoffman) (Ward 11-24)

2-FULL NAME Albert Harris

(a) RESIDENCE NO. 324 W. Hoffman Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: No.

6 DATE OF BIRTH (month, day, and year): May 9-1927

7 AGE: Years 1 — Months 5 — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore (State or country): Md

PARENTS

10 NAME OF FATHER: Elmer Harris

11 BIRTHPLACE OF FATHER (city or town): Md (State or country)

12 MAIDEN NAME OF MOTHER: Catherine Robertson

13 BIRTHPLACE OF MOTHER (city or town): Md (State or country)

14 Informant: Catherine Harris (Address) 324 W Hoffman

15 Filed....., 19..... Registrar

11 1928

2790

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Address) (Corner) M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

C. RAMPSON JONES, M. D. JOHNS HOPKINS HOSPITAL SEP 11 1928

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37302

# HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 37302

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

REGISTERED NO. 24-34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....)

2-FULL NAME Herman Martin

(a) RESIDENCE NO. 1823 Light St. ..... ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Single |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 28. 1916

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 12 | 4 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Mt. Balto, Md
(State or country)

PARENTS

10 NAME OF FATHER Wm. M. Martin

11 BIRTHPLACE OF FATHER (city or town) not given Balto, Md
(State or country)

12 MAIDEN NAME OF MOTHER Hattie Gaelger

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md
(State or country) " "

14 Informant Wm. Martin
(Address) 1823 Light St.

15 Filed 1928 C. HAMPSON JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-11 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-14, 1928, to 9-11, 1928, that I last saw him alive on 9-11, 1928, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Pyemia - Broncho Pneumonia
Fibrinous Pericarditis.

(duration) ..... yrs. ..... mos 31 ds.

CONTRIBUTORY (Secondary) Pyemia.

(duration) ..... yrs. ..... mos. 24 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 321 Fredrick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL 9/14/1928

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 Light St.

Spec.—1-12-23—M&T—500 Blks.

E 37303 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37303

CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307 N. Bruce ST., 14-7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelina Thomas

(a) RESIDENCE No. 307 N. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Thomas

6 DATE OF BIRTH (month, day, and year) Jan 22 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 42 | 7 | 19 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Winder Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Spriddle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary Smith

(Address) 1526 Druid Hill Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1928

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1928. to Sept 9, 1928.

that I last saw h alive on Sept 8, 1928

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. ? mos ?, ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) [illegible], M. D.

9-10, 1928 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Milla Va — DATE OF BURIAL 9-12-1928

20 UNDERTAKER Joseph A Liveby — ADDRESS 409 N Monroe St

TION is very important. See instructions on back of certificate

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37304 X 100-801 E 37304

1—PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Barbes

(a) RESIDENCE NO. Lochraven Rd ST., ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ( mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) c/o

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Elbridge Barbes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Harriet S. Lake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Pearl

(Address) JOHNS HOPKINS HOSPITAL M. D.

15 Filed ..... 1928, 19 ..... C. HAMPSON JONES Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10/28

17 I HEREBY CERTIFY, That I attended deceased from August 19, 1928, to Sept 10, 1928, that I last saw h alive on Sept 10, 1928 and that death occurred, on the date stated above, at 10:20 a. m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Uraemia

Pyelonephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (2 weeks duration)

Ulcerative Colitis (duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Uncertain

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

9/11/28 (Signed) Meredith Hampson, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Lion | 9-13 1928 |
| 20 UNDERTAKER | ADDRESS |
| Joseph A Sirk | 409 W Mount St |

Spec.—1-12-23—M&T—500 Blks.

# E 37305

## HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

118 1002

E 37305

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3430 Belair Rd ST. 27-45 WARD

2-FULL NAME Margaret Gossman

(a) RESIDENCE No. 3430 Belair Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Gossman

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 69 Months not known Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Margaret Schooling

(Address) 3430 Belair Rd

15 Filed 1 1928, 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10 1928

17 I HEREBY CERTIFY, That I attended deceased from September 9 1928, to September 10, 1928, that I last saw her alive on September 10, 1928 and that death occurred, on the date stated above, at 20. m.

The CAUSE OF DEATH* was as follows: Intestinal Strangulation

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Gangrene of Hernia Stasis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Intestinal strangulation

(Signed) Albert O'Connell M. D.

9/11 1928 (Address) 2025 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 9 28 1928

20 UNDERTAKER: Jos J Herrmann

ADDRESS: 130 Fayette

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37306

## CERTIFICATE OF DEATH

90 E 37306

1—PLACE OF DEATH

REGISTERED NO. 15-61

CITY OF BALTIMORE: (No. 2916 Madison Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lelia Elizabeth Smith

(a) RESIDENCE NO. 2916 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

3a If married, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Levin Ballard Smith

6 DATE OF BIRTH (month, day, and year) March 14 - 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 5 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Princess Anne Md

PARENTS

10 NAME OF FATHER Wm. Lecates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Princess Anne Md

12 MAIDEN NAME OF MOTHER Sarah Ann Ewing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Princess Anne Md

14 Informant Eugene Smith

(Address) 1542 Penna Ave

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 19 28, to Sept 9, 19 28, that I last saw h alive on Sept 8, 19 28, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

Senile Debility

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem | Sept 12 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Harry W. Ellen | 1947 W. North Ave |

Cor.—12-9-25—A Co.—200 Bks.

E 37307

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

177 E 37307

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 619 N. Gilmor St. 16-27 Ward)

2-FULL NAME Georgiana Thomas Garrett

(a) RESIDENCE NO. 619 N. Gilmor St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | Married |

3a If married, widowed, or divorrrd
HUSBAND of
(or) WIFE Geo. Garrett

6 DATE OF BIRTH (month, day, and year)
Jan. 1891.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 37 | 8 | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER Zeba Parker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Williams

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Maria Parker
(Address) 507 N. Stricker St.

15 Filed C. HAMILTON JONES M. D. Registrar
1928

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned By Alcohol.
Accident.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Georgia Jeffers (Coroner) M. D.

9/11/28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brew Hill cem Annapolis md. Date of Burial 9/12 1928

20 UNDERTAKER Chas. E Hubs ADDRESS 1434 McCulloh

Spec.—1-12-23—M&T—500 Blks.

E 37308

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37308

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Roland Ave Lake Ave ST., 27-53 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Letitia Maxwell

(a) RESIDENCE NO. Roland Ave Lake Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 84 yrs. 6 mos. 15 ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feby-26-1844

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|
| | 84 | 6 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Howard Co. Maryland.

PARENTS

10 NAME OF FATHER Marshall D. Maxwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tyrone Co. Ireland

12 MAIDEN NAME OF MOTHER Elizabeth C. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Maryland.

14 Informant Mrs. Maxwell Miller (nephew) (Address) 1713 Bolton St.

15 1928 Sept 19 1928 BAMPKW Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19th 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1928, to Sept 9, 1928, that I last saw her alive on Sept 9, 1928, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Uremia Arteria Sclerosis

Cerebral Arteria Sclerosis

Coma

CONTRIBUTORY (Secondary) Left Cerebral Hemiplegia (duration) 12+ yrs. mos. ds.

Arteria Sclerosis (duration) 8+ yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) M. Gibson Porter, M. D.

(Address) 422 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Sept 12 1928.

20 UNDERTAKER Stewart & Mowen Co. — ADDRESS Balto.

CAUSE OF DEATH TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A. Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37309

## CERTIFICATE OF DEATH.

100001

E 37309

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 931 Fell St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aleksandra Burdelas

(a) RESIDENCE NO. 931 Fell St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislaus Burdelas

6 DATE OF BIRTH (month, day, and year) Feb. 26 1894

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 34 | 6 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Poland

PARENTS

10 NAME OF FATHER Thomas Ostrowski

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Poland

14 Informant Stanislaus Burdelas

(Address) 931 Fell St.

15 Filed C. HAMPSON JONES, M. D. Registrar

1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia,

(duration) Exhaustion yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed M. D.

(Coroner)

, 19 (Address) 1430 Bonny

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Date of Burial Sept. 13, '28

20 UNDERTAKER John M. Weber ADDRESS 401 N. Chester St

Very Important. See Instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**E 37310**

## CERTIFICATE OF DEATH.

129 **E 37310**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 127 S. Central Ave St., 5 Ward)

2-FULL NAME Giuseppina Cosentino

(a) RESIDENCE NO. 127 S. Central Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F. | W. | married |

5a If married, widowed, or divorced (or) WIFE of Joseph Cosentino

6 DATE OF BIRTH (month, day, and year) March 6 - 1882

| 7 AGE Years | Months 6 | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 46 | 5 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Sofelicas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ital

12 MAIDEN NAME OF MOTHER Philomena Testa

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ital

14 Informant Joseph Cosentino

(Address) 127 S. Central

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1928

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1927, to Sept. 9, 1928, that I last saw h.. alive on Sept. 9, 1928, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

Myocarditis

Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage Sept,

(duration) yrs. 12 hours mos.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical & Labor

(Signed) Dr. Antigiovanni M. D.

, 19 (Address) 294 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer. Date of Burial Sept, 12 19 28

20 UNDERTAKER Wendell Dippel ADDRESS 3008 Eden St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37311

## CERTIFICATE OF DEATH.

73 E 37311

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital Ward)

2-FULL NAME William Hunter

(a) RESIDENCE NO. 724 N. Linwood Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9/26

| 7 AGE | Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 2 | 0 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md

(State or country)

PARENTS

10 NAME OF FATHER Wm Hunter

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Bohrer

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Mother

(Address)

15 Filed ..... 19 .....

1928 Per C. HAMPSON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Spastic Paralysis -
(Contusion at Hopkins)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pertubation of Central

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Keller, M. D.
(Coroner)

9/11/28 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem Date of Burial Sept 12th 1928

20 UNDERTAKER Wendel J. Dippel ADDRESS 300 S Eden St

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 37312 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37312

CERTIFICATE OF DEATH. X 90

REGISTERED NO. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Baker ST. WARD)

2-FULL NAME Mary Alice Barnes

(a) RESIDENCE No. 2906 Baker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Theophilus L. Barnes

6 DATE OF BIRTH (month, day, and year): Oct. 9 1867

7 AGE: Years 61 Months 11 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Nathaniel P. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Christine H. Schifferen

(Address) 2906 Baker St

15 Filed 1 1928 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1928, to Sept 10, 1928.

That I last saw h[illegible] alive on Sept 10, 1928

and that death occurred, on the date stated above, at 8-10 p. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 5 yrs.? mos ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary Oedema

(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank Lippman, M. D.

, 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Cem. Howard Co. DATE OF BURIAL: Sept 13 1928

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 37313 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37313

CERTIFICATE OF DEATH. 124

REGISTERED NO. 1327

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1305 Weldon Circle ST. (13 WARD)

2-FULL NAME Ann Virginia McKenzie

(a) RESIDENCE No. 1305 Weldon Circle ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Israel McKenzie

6 DATE OF BIRTH (month, day and year): June 26, 1850

7 AGE: Years 78 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Geo. W. Daly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Celia Kolb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Grace Tracy

(Address) 1305 Weldon Circle

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1927 to Sept. 10 1928, that I last saw her alive on Sept. 9 1928, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Infection Exhaustion Emphysema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cholecystotomy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) J. H. Martin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Sept. 12 1928

20 UNDERTAKER: Easton Sons — ADDRESS: Ellicott City

FAILURE TO FILE CERTIFICATE IS A MISDEMEANOR. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-10-21 M&T 1500 Bks.

E 37314

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37314

## CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 5770 York Rd ST. 27-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine A DEWEES

(a) RESIDENCE NO. 5770 York Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) — — 1837

7 AGE

| Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|
| 76 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER James Dewees

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Catherine Dougherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co Md

14 Informant Saml Dewees (Address) 5770 York Rd

15 Filed 1 1928 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1927, to Sept 10, 1928.

that I last saw her alive on Sept 10, 1928.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Duncan, M. D.

Sept 11 1928 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 9/13 1928

20 UNDERTAKER J. J. Gibbons Sons — ADDRESS 318 N Eutaw St

THIS IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Blks.

217530 E 37315

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1-001

E 37315 REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernard Gillison

(a) RESIDENCE NO. 728 n Mulberry ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Child |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 6 years | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Isaiah Gillison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lillie Lipscomb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 12 1928, 19 [illegible] JOHNS, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-10-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 19 28, to Sept 10, 19 28,

that I last saw h[illegible] alive on Sept 10, 19 28

and that death occurred, on the date stated above, at 10.40 A.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

22 days (duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Blood Culture - T.F.

(Signed) T. C. Goodpasture, M. D.

9/11, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn ct — DATE OF BURIAL Sept 12, 1928

20 UNDERTAKER A. R. Blount's Son — ADDRESS 705 W. Mount St

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37316

## CERTIFICATE OF DEATH.

188-007 E 37316

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 425 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Landwehr

(a) RESIDENCE NO. 512 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13, ~~1900~~ 1899.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 29 | 3 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Optical Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Ferd. Landwehr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Houre.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Canada

14 Informant Mr. Ferd. Landwehr

(Address) 512 W. Fayette St.,

15 Filed SEP 12 1928 C. HAMPSON JONES, M. D. Registrar

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of Liver.
Motor-cycle Accident.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Eugene Zuckert, M. D.
(Coroner)

9/11/ 28 (Address) 2739 Eastern Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Pikesville, Md.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial 9/13/28

20 UNDERTAKER H. W. Feldmann Son ADDRESS

McCulley & Overlock, Ct

Rev.—2-29-28—L. F. S.—500 Bks.

E 37317

# HEALTH DEPARTMENT—CITY OF BALTIMORE

109-002

E 37317

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2014 Cecil Ave ST., 4-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Zelena Jones

(a) RESIDENCE NO. 2014 Cecil Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Jany 23, 1904

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 24 | 7 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Walter F. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Carrie L. Darnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Walter F. Jones
(Address) 2014 Cecil Ave

15 Filed 12-1928 C. HANSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sep. 8, 1928, to Sep. 10, 1928, that I last saw h[er] alive on Sep. 10, 1928, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Septic throat -
Probably streptococcic infection

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sudden chill appearance

(Signed) E. T. Bouchelle, M. D.

9-11-1928 (Address) 2104 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Septic throat - illness of seven - 105-106.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemty — DATE OF BURIAL: Sept 13 1928

20 UNDERTAKER: Robt J Turner Sons — ADDRESS: 1442 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37318

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 37318

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1313 Patapsco St. 23-33 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Maria Ambach

(Residence in Baltimore: No. 1313 Patapsco St.; 50 yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 5 (Day), 1852 (Year)

7-AGE, 76 yrs. 4 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Ambach

(Address) 1313 Patapsco St.

15- Filed SEP 12 1928 C. HAMPSON JONES, M. D. By Keith Registrar

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 10 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1928, to Sept 10 1928, that I saw h[illegible] alive on Sept 9 1928, and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:
Auricular Fibrillation
Cardiac Hypertrophy with
Decompensation

(Duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) Lawrence B. Sheldon M. D.

Sept 14, 1928. (Address) 412 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leadenhall — DATE OF BURIAL, Sept. 12, 1928

20-UNDERTAKER E. Schlosser — ADDRESS 1339 Hanover St.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 37319

E 37319

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH 409 N. Broadway REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 26-34 WARD)

2-FULL NAME Henry Lenz

(a) RESIDENCE NO. 3835 Orleans ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Lenz

6 DATE OF BIRTH (month, day, and year): May 13 1855

7 AGE: Years 73 Months 3 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Lenz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs B Fogelson

(Address) 2045 E Monument

Filed SEP 12 1928 19 RAYMOND JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1928, to Sept 10, 1928, that I last saw him alive on Sept 10, 1928, and that death occurred, on the date stated above, at 8:10 A m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis anaemia
mitral insufficiency & decompensation
generalized anasarca

(duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary): Pulm. oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin data

(Signed) Leo Schlange M. D.

, 19 (Address) 308 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Sept 13 1928

20 UNDERTAKER: Geo. A. Ruth — ADDRESS: 1735 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37320

## CERTIFICATE OF DEATH.

129 E 37320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Warner St. 21-24 (WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Chew

(a) RESIDENCE No. 902 Warner ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Chew

6 DATE OF BIRTH (month, day, and year) 1863

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|
| 65 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard B. Crew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louis Felson

(Address) 902 Warner St

15 Filed ....., 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Sept 9, 1928, that I last saw h[illegible] alive on Sept 9, 1928 and that death occurred, on the date stated above, at 9 A, m. The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 9 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinary Tests

(Signed) D T Carroll, M. D.

(Address) 1329 N. Calhoun St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL SEP 12 1928

20 UNDERTAKER Jno B Donnelly — ADDRESS 578 Biddle

ATION is very important. See instructions on back of certificate.

926 E 3R [illegible] MANNING JONES, M. D.

Spec.—1-10-21—MAT—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37321

## CERTIFICATE OF DEATH.

E 37321

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3912 Park Heights St., 15-58 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B Shilling

(a) RESIDENCE NO. 3912 Park Heights St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | M. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geraldine Shilling

6 DATE OF BIRTH (month, day, and year) June 21-1854

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 2 | 16/18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) Penn Key

(c) Name of employer State House

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) ,,

12 MAIDEN NAME OF MOTHER ,,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ,,

14 Informant Mrs Geraldine Shilling

(Address) 3912 Park Heights

Filed SEP 12 1928 C. H. JONES, M. D. Registrar

By

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1928

17 I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1928, to Sept 9, 1928, that I last saw h~~im~~ alive on Sept 9 1928, and that death occurred, on the date stated above, at 7-30 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Chronic)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Art. Interstitial Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

9/10, 1928 (Address) 1837 Eutaw Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Sandy Mount Cemetery Md. DATE OF BURIAL Sept 12 1928

20 UNDERTAKER W M Routson ADDRESS 2238 N Mth

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37322

## CERTIFICATE OF DEATH.

31 E 37322

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2404 Hudson St. (Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ludwig Tangedal

(a) RESIDENCE NO. 2404 Hudson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Tangedal

6 DATE OF BIRTH (month, day, and year) May 28 1894

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 34 | 3 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Norway.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Norway.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Ada Tangedal

(Address) 2404 Hudson St.

15 Filed 12-1928 T. HAMILTON JONES, M. D. Registrar

By H. Lee.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Flor;

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Sept 12/28 (Signed) G C Yates M. D.

12/, 19 (Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Sept 12, 1928

20 UNDERTAKER John A. Moran ADDRESS 3010 E. Balt St

Very Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37323 CERTIFICATE OF DEATH 44 E 37323

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2305-E. Hoffman ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary A. Vaith

(a) RESIDENCE NO. 2305 E. Hoffman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~: Married

6a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: August Vaith

6 DATE OF BIRTH (month, day, and year): Sept 29 1866

7 AGE: 61 Years | 11 Months | 12 Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary J. Bankey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: August Vaith

(Address) 2305-E Hoffman St.

15 Filed ... 1928 ... 19 ... WILSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to Sept 11, 1928

that I last saw h[er] alive on Sept 11, 1928

and that death occurred, on the date stated above, at 2.30 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cattle

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) W. H. Stevens, M. D.

Sept 13, 1928 (Address) 1228 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Sept. 14 1928

20 UNDERTAKER: Robt Stumm in

ADDRESS 1121 N Broadway

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE E 37324

E 37324

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Bentelou St. ST. 5-68 WARD)

REGISTERED NO. 1292

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Sistrunk

(a) RESIDENCE NO. 1904 Bentelou St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1901

7 AGE: Years 27 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wolf Sistrunk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Bell Sistrunk

(Address) 1904 Bentelou St

15 Filed 9 12 1928

C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/11 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/10, 1926, to 9/11, 1928,

that I last saw h[illegible] alive on 9/10, 1928

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Chr Endocarditis

(duration) 6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) [illegible], M. D.

9/12 1928 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Nevum Rus — DATE OF BURIAL 9/11 1928

20 UNDERTAKER: Jack Levin — ADDRESS 1439 E Balto St

Spec.—2-29-28—L. F. S.—500 Bks.

E 37325 HEALTH DEPARTMENT—CITY OF BALTIMORE 100-08 E 37325

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1803 Aliceanna ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME CONSTIANCE A. SKOWRONSNKI,

(a) RESIDENCE NO. 1803 Aliceanna ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 31-1927.

| 7 AGE | Years | Months | Days 11 | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 0 | 8 | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work [redacted]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.,

PARENTS

10 NAME OF FATHER Joseph Skwronski,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland,

12 MAIDEN NAME OF MOTHER Clara Milanictz,

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,
(State or country) Md.

14 Informant Joseph Skwronski, (Father)
(Address) 1803 Aliceanna St

15 Filed SEP 12 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11-28

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 28, 19..., to Sept 11 28, 19..., that I last saw h[er] alive on Sept 11, 19 28, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rosario, M. D.

19 28 (Address) 801 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Stanislaus. | Sep. 12 1928 |
| **20 UNDERTAKER** | **ADDRESS** |
| M. J. Sadowski. | 705 S. Ann St |

GORDON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37326

## CERTIFICATE OF DEATH.

90 E 37326

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 25-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Armstead Reddick

(a) RESIDENCE No. 8621 Wilkins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C

PARENTS

10 NAME OF FATHER Berry Gatlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Julia —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant (Address) BALTIMORE CITY HOSPITALS

Filed SEP 12 1928, 19 HAMILTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-11 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-8, 1928, to 9-11, 1928, that I last saw him alive on 9-11, 1928, and that death occurred, on the date stated above, at 7:00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Cardiac Hypertrophy (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory

(Signed) [redacted], M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 9/12 1928

20 UNDERTAKER Edward Jordan

ADDRESS 235 9 Wash Blvd

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37327
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

31

E 37327
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1311 May St (St.) 5-4 (WARD)

2-FULL NAME Melvin Wilmore

(a) RESIDENCE NO. 1311 May St ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 13- 1910

7 AGE — Years: 18 — Months: 3 — Days: 27 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Thomas Wilmore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Amelia Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Amelia Wilmore
(Address) 1311 May St

15 Filed SEP 12 1928 19... RAMSAY JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1928

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to Sept 10 - 1928, that I last saw him alive on Sept 10 - 1928, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. 5 mos ... ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lung (duration) ... yrs. 5 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) Dr Geo Emmart, M. D.

9-11, 1928 (Address) 708 Euson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Sept. 13 1928

20 UNDERTAKER: Chas. H. Johnson & Co. — ADDRESS: 1617 Carlisle St.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37328

## CERTIFICATE OF DEATH.

90 E 37328

1-PLACE OF DEATH

CITY OF BALTIMORE: No. City Hospt. St. 17-24 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Hunter

(a) RESIDENCE NO. 1116 Hunter St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lomax

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Katherine Armstrong

(Address) 711 Hanlon Ave

15 Filed DEC 17 1928, 19 MARTIN JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9 19 28

17 I HEREBY CERTIFY, That I attended deceased from 9/7, 19 28, to 9/9, 19 28, that I last saw h— alive on 9/9, 19 28 and that death occurred, on the date stated above, at 11.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocarditis Broncho Pneumonia

Influenza

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Sputum Examination

(Signed) H. W. Hyde, M. D.

, 19 (Address) Balt & Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Dec 13 1928

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

Spec.—1-12-23—M&T—500 Blks.

E 37329

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 37329

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (NO. 174 ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Dobson

(a) RESIDENCE NO. 575 Greenwillow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Wid |

5a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) [illegible] 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or....min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed SEP 12 1928, 19 RANDOLPH JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-9 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-15, 1928, to 9-9, 1928, that I last saw h[illegible] alive on 9-9, 1928, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) R. M. Slack M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn Cemt. | Sept 13, 1928 |
| 20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 1715 Ashland Ave |

Spec.—1-12 28—M&T—500 Blks.

# E 37330

## HEALTH DEPARTMENT—CITY OF BALTIMORE

### CERTIFICATE OF DEATH.

003

159 E 37330

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 19 W. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Flores

(a) RESIDENCE NO. 1622 W. Fayette St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 25 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 6 7 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Non.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Flores

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Aglea Chambers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Peter Flores

(Address) 1622 W Fayette St

15 Filed SEP 12 1928, 19 HANSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 7 1928, to Sept 11 1928, that I last saw h(e) alive on Sept 11 1928, and that death occurred, on the date stated above, at 5:05 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia with septicemia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Meningococcus

(duration) yrs. 18 mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lewis P. Yardley, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cem | Sept 13 1928 |
| 20 UNDERTAKER George Smith | ADDRESS 153 Hollins |

Spec.—2-29-28—L. F. S.—500 Bks.

Bomberger

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37331

## CERTIFICATE OF DEATH

E 37331

1—PLACE OF DEATH Bals., Md. 16 90 REGISTERED NO.

CITY OF BALTIMORE: (No. 123 N. Schroeder ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John William Bomberger

(a) RESIDENCE NO. 123 N. Schroeder ST. 16 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~

6 DATE OF BIRTH (month, day, and year) Nov. 20/37

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 90 | 10 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Bals. City

PARENTS

10 NAME OF FATHER John A. Bomberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan Snodgrass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bals., Md.

14 Informant Mrs. Emma Bomberger

(Address) 123 N. Schroeder St.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11/28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 19 27, to Sept. 11, 19 28

that I last saw him alive on Sept. 11, 19 28

and that death occurred, on the date stated above, at 2:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Contributory - Arteriosclerosis)

(duration) 8 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) 0 yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. A. Brown M. D.

1 , 19 (Address) 907 N. Chas. St

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Western Cem | Sept 14 1928 |
| 20 UNDERTAKER George J. Smith | ADDRESS 1532 Hollins |

DEC 12 1928 C. HAMPSON JONES, M.D.

Spec.—7-17-26—A Co.—200 Bks.

E 37332

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

74001

E 37332

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 619 N. Carey St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Frances Ford

(a) RESIDENCE NO. 619 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 28 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Ford

6 DATE OF BIRTH (month, day, and year): Sept. 12 1860

7 AGE: Years 67 Months 11 Days 28 IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: John Hardy

11 BIRTHPLACE OF FATHER (City or town): Not Known

(State or country)

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town): Not Known

(State or country)

14 Informant: Mary F. Bond

(Address) 619 N. Carey St

SEP 12 1928 C 19 CLARENCE JONES, M. D.

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928 to Sept 10, 1928

that I last saw h. alive on Sept 10, 1928

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary) Senility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Jones M. D.

. 19 (Address) 619 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetry — Date of Burial: Sept 13 1928

20 UNDERTAKER: Edward Bryan — ADDRESS: 1681 Orleans St

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37333

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31

E 37333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. 10-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hanzlik

(a) RESIDENCE NO. 2632 Hafer Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Not Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) 0'0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Hanzlik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hanzlik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital Records

15 Filed SEP 13 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 7 19 28

17

I HEREBY CERTIFY, That I attended deceased from Aug. 8th, 1928, to Sept. 7, 1928, that I last saw her alive on Sept. 7th, 19 28, and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith, M. D.

9/7, 1928 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem

DATE OF BURIAL 9/12 19 28

20 UNDERTAKER J. J. Foley & Son

ADDRESS 318 Eutaw

Spec.—1-12 23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37334

## CERTIFICATE OF DEATH.

129 E 37334

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1317 Mod. ST., 11th WARD

2-FULL NAME Samuel Mosell

(a) RESIDENCE NO. 1317 Mod. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Mosell

6 DATE OF BIRTH (month, day and year): 871

7 AGE: Years 57 | Months | Days | If LESS than 1 day.. hrs. or.. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): Church

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Eliza Mosell

(Address): 1317 Mod. ave

15 Filed SEP 12 1928, 19 RAYMOND JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 10th 28

17 I HEREBY CERTIFY, That I attended deceased from Aug. 7th 28, 19 28, to Sept 10, 1928, that I last saw h[illegible] alive on Sept. 10, 1928, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal nephritis.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza grippe

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Chis, M. D.

(Address) 824 Mod ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: Sept 14 1928

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St

Spec.—2-29-28—L. F. S.—500 Bks.

Pierce

# HEALTH DEPARTMENT—CITY OF BALTIMORE

216529

E 37335

1—PLACE OF DEATH

## CERTIFICATE OF DEATH

X 135 E 37335

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Pierce

(a) RESIDENCE NO. 907 Ferry Ave ST., WARD Niagara Falls
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pierce

6 DATE OF BIRTH (month, day, and year) 5/10/1870

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 4 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work furnishing store

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Manus Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 12 1928 C. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-12-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928 to Sept-12, 1928, that I last saw h[illegible] alive on Sept-12, 1928 and that death occurred, on the date stated above, at 3 m.

The CAUSE OF DEATH* was as follows:

Anemia 6-mos

Benign Prostatic Hypertrophy

Probably 6 yrs. mos. ds.
(duration)

CONTRIBUTORY (Secondary) Gastric Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Alyea, M. D.

9/17, 1928 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Niagara Falls N Y — DATE OF BURIAL 9/15 19 28

20 UNDERTAKER Jack Lewis 11 39 Walnut St — ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 37336

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

1928 C 25 1860

E 37336 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. (WARD)

2-FULL NAME Isabelle Irwin

(a) RESIDENCE No. Norwood Heights ST. Kaisertown WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) Oct 20 1860

7 AGE 67 Years 68 Months 10 Days 22 If LESS than 1 day, ..... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

PARENTS

10 NAME OF FATHER John T. Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Carrie C. Hurst. (Address) Balto. Md.

15 Filed SEP 13 1928 E. KAMPEN JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 19 28

17

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928, to Sept 12, 1928, that I last saw her alive on Sept 12, 1928, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of Sept 11-28

Was there an autopsy? yes

What test confirmed diagnosis? Clinical tests

(Signed) Frederick T. Kyper M. D.

, 19 (Address) 3321 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Cemetery DATE OF BURIAL Sept 15 19 28

20 UNDERTAKER Wm M Shaw ADDRESS Ellicott City

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37337

## CERTIFICATE OF DEATH.

E 37337

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanor N Weida

(a) RESIDENCE NO. 626 Elizabeth St, Scranton St. Penna. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 18/26

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 2 | 0 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER John Weida

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Sarah A. Deer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penn a

14 Informant Mother

(Address)

15 Filed ... 1928 C. [illegible] JONES, Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Brain. (Autopsy at Hopkins)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) History of convulsions (Epileptic?)

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.

(Coroner)

9/12/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Scranton Pa — Date of Burial 9/13/28

20 UNDERTAKER Joseph Ahern — ADDRESS 221 Bway

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

37338

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

9 E 37338

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Carey ST. 19-28 WARD)

2-FULL NAME Christina Stein

(a) RESIDENCE No. 210 S. Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 2, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | — | 11 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Michael Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Serbia

12 MAIDEN NAME OF MOTHER Ethel Spearman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr Michael Stein

(Address) 210 S Carey St

15 Filed SEP 13 1928, 19 — C. BANCROFT JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 12, 19..., that I last saw her alive on Sept 11, 19..., and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cardio-Respiratory Paralysis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pertussis (Whooping cough) Malnutrition (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jos Cliff, M. D.

Sept 12 1928 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem — DATE OF BURIAL Sept 13 1928

20 UNDERTAKER John J Howard & Son — ADDRESS Govanstown

FOR IS VERY IMPORTANT. SEE INSTRUCTION ON BACK OF CERTIFICATE.

Spec.-7-17-26-A Co.-200 Bks.

E 37339

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

3 E 37339

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 443 Yale Ave St. 70-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha C. Wilson

(a) RESIDENCE NO. 443 Yale Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

very important. See instructions on back of certificates.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Earl A. Wilson

6 DATE OF BIRTH (month, day, and year): Oct. 13, 1905

7 AGE: Years 22 Months 10 Days 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. R. Staylor

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude Pfenning

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md.

14 Informant Mrs. Wm. R. Staylor

(Address) 443 Yale Ave.

15 Filed SEP 13 1928 HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 11, 1928,

that I last saw her alive on Sept 11, 1928,

and that death occurred, on the date stated above, at 8:20 P.M.

The CAUSE OF DEATH* was as follows:

Ac. Pulmonary Tuberculosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

Pregnancy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) H. A. Kneel, M. D.

9/11, 1928 (Address) 4207 York Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: Sept 15 1928

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS 1900 Eutaw St.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37340

## CERTIFICATE OF DEATH.

74-001 E 37340

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: No. [redacted] St., 17-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Ray

(a) RESIDENCE NO. 93 ? Wyatte St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Not given

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: 42 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Harry Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Kate

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Friends (Address) BALTIMORE CITY HOSPITALS

15 Filed [redacted] M. D. Registrar

9 13 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-11 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-✓ 1928, to 9-11 1928, that I last saw her alive on 9-11 1928, and that death occurred, on the date stated above, at 4 00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, right.

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Hypertention and Obesity

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) [redacted] M. D.

9 13 1928 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or If deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 9-13 1928

20 UNDERTAKER: David Carlson — ADDRESS: 916 [illegible]

Spec.—7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37341

## CERTIFICATE OF DEATH

47 ✓

E 37341

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3507 N. Charles St. 17 Ward) 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Eden Armitage

(a) RESIDENCE NO. 3507 N. Charles St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 1 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 10. 1854

7 AGE — Years: 74 Months: 7 Days: 1 IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: not Any

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. H. Armitage

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza C. Anderson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Elis. A. Heald

(Address) 3507 N. Charles St.

15 Filed SEP 13 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept. 11. 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1928, to Sept 11, 1928

that I last saw her alive on Sept 11, 1928

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

a Carcinomatosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exanition

(duration) ? yrs. mos. ds.

18 Where was disease contracted

if not at place of death? 3507 N. Charles

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) Zach. H. Morgan M. D.

(Address) 6 E. Read St. 9/12 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge (Date of Burial) Sept 13. 1928

20 UNDERTAKER: Wm. Mitchell ADDRESS 1900 Eutaw Place

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 37342

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 37342

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No.) 442 St Mary ST. (WARD) 11-24

**2-FULL NAME** George H Tilghman

(a) **RESIDENCE** No. 442 St Mary ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | C. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Tilghman

6 DATE OF BIRTH (month, day, and year) Autumn 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about 64 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

**PARENTS**

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Caroline Tilghman (Address) 442 St. Mary st.

15 Filed SEP 19 1928 . 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 19 28.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 . 19 28 . to Sept 11 . 19 28 .

that I last saw h— alive on Sept 1st . 19 28 .

and that death occurred, on the date stated above, at 9 20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bruce T. French M. D.

. 1928 (Address) 1707 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn | Sept 13, 1928 |
| 20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 725 Carlton |

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37343

## CERTIFICATE OF DEATH

129 E 37343

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1608 Barnes ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lollie Perkins

(a) RESIDENCE NO. 1608 Barnes ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Perkins

6 DATE OF BIRTH (month, day, and year): Unknown 1878

7 AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. J.

PARENTS

10 NAME OF FATHER: Howard Vincent

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Harry Perkins
(Address) 1608 Barnes St.

15 Filed SEP 13 1928 [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 10, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Sept. 10, 1928, that I last saw h[illegible] alive on Sept. 10, 1928 and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam

(Signed) Robt J Green, M. D.

9-12, 1928 (Address) 126 Asquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Sept 13 1928

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1725 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E 37344

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37344

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Druid Hill Park

City of BALTIMORE: (No. Falls Road & Clipper Mill Road Ward)

2-FULL NAME Walter McNeil

(a) RESIDENCE NO. 1424 Edison Court Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | C. | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12 1919

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 9 | 3 | 8 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) S. C.
(State or country)

PARENTS

10 NAME OF FATHER Wm. H. McNeil

11 BIRTHPLACE OF FATHER (city or town) Bluefield Va
(State or country)

12 MAIDEN NAME OF MOTHER Martha Mayberry

13 BIRTHPLACE OF MOTHER (city or town) Bluefield Va
(State or country)

14 Informant Wm. H. McNeil
(Address) 1424 Edison Court.

15 Filed ..... 19 ..... Registrar

OCT 1 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Mossissey M. D.
(Coroner)

9/12 1928 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Date of Burial Sept 13, 1928

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS Baltimore

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37345

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

29-E 37345

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 219 Rock St ST.. 18-21 WARD)

2-FULL NAME Hanson Brown

(a) RESIDENCE NO. 219 Rock St. ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | col | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Brown

6 DATE OF BIRTH (month, day, and year) unk

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West Ria (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Mary Rodgers (State or country) Md.

14 Informant Henry Brown (Address) 219 Rock St

15 Filed ..... 19 ..... HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10-1928

17

I HEREBY CERTIFY, That I attended deceased from 9-10-1928 to 9-10-1928, that I last saw h~~im~~ alive on 9-10-1928, and that death occurred, on the date stated above, at 10:20 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Valvular Heart Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C O Jackson M. D.

7/10 1928 (Address) Leonardtown Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Calvary Cemetery | 9/13, 1928 |
| 20 UNDERTAKER Mrs. Katie R. W. Elkins | ADDRESS 322 N. Schroeder St |

TION is very important See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Emma Rice

E 37346

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 37346

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 235 N. Bruce St. St. 19-27 Ward)

2-FULL NAME Emma Rice

(a) RESIDENCE NO. 235 N. Bruce St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter Rice

6 DATE OF BIRTH (month, day, and year)
Unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 45 Yrs. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment to which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town)_____

(State or country) Unknown

PARENTS

10 NAME OF FATHER Levi Matthews

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Pocomoke City, Md.

12 MAIDEN NAME OF MOTHER Cecilia Murrell

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Pocomoke City, Md.

14 Informant Alice Moody

(Address) 861 Vine St

15 Filed SEP 14 1928 19____ Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 192 8

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to_____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Age

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Chas. J. Crook M. D.

(Coroner)

9-12 19 28 (Address) 3601 Third Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Mt. Zion | 9-15 19 28 |

20 UNDERTAKER Lottie R. Williams

ADDRESS 322 N. Schroeder St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37347

## CERTIFICATE OF DEATH.

44 E 37347

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Eagle St. WARD) 20-25

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Krieger

(a) RESIDENCE No. 2021 Eagle ST., ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose. Krieger

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 52. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Krieger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rein.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rose Krieger
(Address) 2021 Eagle St.

15 Filed 19 1928 C. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 13, 1928, that I last saw he alive on Sept 12, 1928 and that death occurred, on the date stated above, at 3.0 m.

The CAUSE OF DEATH* was as follows:

Coronary. Thrombosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac. Arteriosclerosis. - (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edw. V. Cavalaris, M. D.

, 19 (Address) 24 W. Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Sept 13 1928

20 UNDERTAKER Jack Lewis — ADDRESS 1134 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

E 37348

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37348

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH South Balto. General Hospital

CITY OF BALTIMORE: (No.) 2001 Eastern Ave ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H. Booz

(a) RESIDENCE NO. 2001 Eastern Avenue ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ida Booz.

6 DATE OF BIRTH (month, day, and year) Jan. 5, 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 75. | yrs. | 8. | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) No Inquest Held Dth in Reinhardt's Grocery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Booz

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Mrs. Ida Miller

(Address) 2001 Eastern Ave

15 Filed 19 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9 1928.

17 I HEREBY CERTIFY, That I attended deceased from August 15, 1928, to Sept. 9, 1928.

that I last saw him alive on Sept. 9, 1928.

and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Senility, Cardiac failure

Fracture Lt. arm & leg

Accidental

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto, Md.

Did an operation precede death? None Date of

Was there an autopsy? no.

What test confirmed diagnosis? X-Ray

(Signed) C. V. Litzinger, M. D.

, 19 (Address) So. Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Sept. 13 1928

20 UNDERTAKER Lilly-Zeiler Inc.

ADDRESS 1000 Wolfe

TION IS very important. See instructions on back of Certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37349

## CERTIFICATE OF DEATH

90 E 37349

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 S. Collington Ave. WARD 1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christina B. Martin

(a) RESIDENCE NO. 219 S. Collington Ave. WARD 1

(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth 68 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John E. Martin

6 DATE OF BIRTH (month, day, and year) Oct 15th 1852

| 7 AGE | Years | Months 10 | Days 8 | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Loeffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Zirckel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary Alice Reff (Daughter)

(Address) 219 S. Collington Ave

15 Filed SEP 13 1928, 19 H. M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12th 1928

17 I HEREBY CERTIFY, That I attended deceased from April 17th, 19 28, to Sept 12th, 19 28, that I last saw her alive on Sept 11th, 19 28 and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Mitral + Aortic Insufficiency

(duration) yrs. 4 mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb V. Otley, M. D.

Sept 12, 19 28 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mount Carmel Cemetery | Sept. 15th 1928 |
| 20 UNDERTAKER Lilly + Zeiler Inc. | ADDRESS 4038 S. Wolfe St. |

Spec.—1-12-23—M&T—500 Bks.

E 37350

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

7 V E 37350

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) ST. 7-13 WARD)

2-FULL NAME Elizabeth Sullivan

(a) RESIDENCE NO. 1022 Lamont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Wid |

5a If married, widowed, or divorced (or) WIFE of ? Joseph Sullivan

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 62 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Kept fish market.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER Henry Schuhardt

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Eva Fumlock

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Records (Address) BALTIMORE CITY HOSPITALS

15 Filed SEP 13 1928 19 HAROLD N. JOSEPH, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 1928

17 I HEREBY CERTIFY, That I attended deceased from 8-27, 1928, to 9-12, 1928, that I last saw her alive on 9-12, 1928, and that death occurred, on the date stated above, at 3.10 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tabes Dorsalis, Diabetic

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible], M.D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Sept 14th 1928

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

TION IS VERY Important. See instruction on back of this Certificate

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

**E 37351**

## CERTIFICATE OF DEATH.

43 V

**E 37351**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 438 Augusta ave Ward 20 11)

2-FULL NAME James A Howard

(a) RESIDENCE NO. 438 Augusta ave Ward .....

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret M Howard

6 DATE OF BIRTH (month, day, and year): Dec 12, 1880

7 AGE — Years: 47 — Months: 9 — Days: 9 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: General Electric

9 BIRTHPLACE (city or town):

(State or country): Frederick Co, Md

PARENTS

10 NAME OF FATHER: Jas Howard

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Laura Baker

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Margaret M Howard

(Address): 438 Augusta

15 Filed SEP 13 1928, 19.....

C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 1928

17

I HEREBY CERTIFY, That I attended deceased from Nov, 1927, to Sept 11, 1928, that I last saw h. alive on Sept 10, 1928, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Mouth

(duration) ..... yrs. 15 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Jan 1928

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) J M Wilson M. D.

, 19 (Address) 823 N 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Date of Burial: Loudon Park Sept. 13 1928

20 UNDERTAKER: Harry J Witzke ADDRESS: 1531 N Son Gard St

Very Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37352 HEALTH DEPARTMENT--CITY OF BALTIMORE E 37352

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 Ramsay St. (ST.) (WARD) 16-28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L. Harrison

(a) RESIDENCE No. 1708 Ramsay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of William T. Harrison

6 DATE OF BIRTH (month, day, and year) Dec. 1, 1876.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 51 | 9 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md.

PARENTS

10 NAME OF FATHER James E. Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Sarah Chambers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co. Md.

14 Informant Mr. William T. Harrison
(Address) 1708 Ramsay St.

15 Filed SEP 13 1928 [illegible] JONES, M. D.
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Sept 10, 1928,

that I last saw her alive on Sept 10, 1928,

and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) [illegible], M. D.

9/13, 1928 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 9/14 1928

20 UNDERTAKER Harry D. Wittle

ADDRESS 153 N. Lombard St

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37353

## CERTIFICATE OF DEATH.

X100-001

E 37353

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Bast

(a) RESIDENCE NO. Eastport, Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 12/28.

7 AGE: Years — Months 2 — Days — If LESS than 1 day, hrs. or min.: 2½ mo

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: William Bast

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Clarestine Welker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Frank Welker 251 S James St.

15 Filed 1928 City Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-6, 1928, to 9-12, 1928

that I last saw him alive on 9-12, 1928,

and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Pyloric Stenosis -
Broncho-pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 8-6-28

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Joseph Laustaitis, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: East Port Md — DATE OF BURIAL: 9/13/28

20 UNDERTAKER: Edw Loudon — ADDRESS: 235 [illegible]

Spec.—1-12-23—M&T—500 Bks.

E 37354

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

129 E 37354

1-PLACE OF DEATH University Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 97-20 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia C. Guental

(a) RESIDENCE No. 675 Washington Blvd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August Guental

6 DATE OF BIRTH (month, day, and year) March 12 1880

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 6 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jefferson Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen McGuire

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Nora Adela (daughter)

(Address) 675 Washington Blvd.

15 Filed SEP 13 1928, 19 JAMES H. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from September 8, 1928, to September 12, 1928, that I last saw her alive on September 12, 1928, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardio vascular renal disease. Cerebral hemorrhage with left sided hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. L. Gulick, M. D.

9/12, 1928 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Sept 15 1928

20 UNDERTAKER Margaret L. Flynn

ADDRESS 14 E. Eight

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37355

## CERTIFICATE OF DEATH

113 E 37355

1—PLACE OF DEATH Sydenham Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST 17-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas McHenry Bethea

(a) RESIDENCE NO. 721 Peirce ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (

6 DATE OF BIRTH (month, day, and year) March 29, 1928

7 AGE — Years | Months: 5 | Days: 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country)

PARENTS

10 NAME OF FATHER Thomas McHenry

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country)

12 MAIDEN NAME OF MOTHER Alice Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sydenham Hosp records (Address)

15 Filed SEP 13 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 11, 1928, that I last saw him alive on Sept 11, 1928 and that death occurred, on the date stated above, at 10:25 p.m.

The CAUSE OF DEATH* was as follows:

1. Gastroenteritis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. E. Bachman, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL Sept 14 1928

20 UNDERTAKER Leonard Waller ADDRESS 619 Pierce St

Spec.—1-12-23—M&T—500 Blks.

Henry M Klappish ✓

E 37356 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37356

CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hosp. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME H. M. Klappish

(a) RESIDENCE No. 1518 Harlem Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24-1840

7 AGE: Years 88 | Months 2 | Days 19 | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Germany~~ Balto. Md

PARENTS

10 NAME OF FATHER Charles Klappish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Anglort

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Hospital Record

(Address)

15 Filed SEP 13 1928 HAMPSON GRAVES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12-1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Sept 12, 1928.

that I last saw h[illegible] alive on Sept 12, 1928

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Intertrochanteric Fracture of Rt. Femur

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

What was there an autopsy?

What test confirmed diagnosis? Clinical & X-Ray

(Signed) Benj. Sonnenberg, M. D.

(Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls. Druid Hill Pk.

DATE OF BURIAL: 9-15 1928

20 UNDERTAKER: Mrs Chas A G Rohde

ADDRESS: 2327 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37357

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

Sub 90

E 37357

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1915 Collington Ave. WARD)

2-FULL NAME Frank W. Hobbs

(a) RESIDENCE NO. 1915 Collington Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanne D. Hobbs

6 DATE OF BIRTH (month, day, and year) Nov. 12 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs or ... min. |
|---|---|---|---|---|
| | 46 | 10 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shirt worker in early life

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer in late

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Sylvester Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Pauline Seltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Jeanne Hobbs (Address) 1915 Collington Ave

15 Filed SEP 13 1928 19 C. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1928

17

I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to Sept 10, 1928, that I last saw h[illegible] alive on Sept 10, 1928, and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) + yrs. + mos 9 ds.

CONTRIBUTORY (Secondary) Mitral, Pulmonary regurgitation (duration) — yrs 4 mos. + ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. E. Clark M. D.

19 — (Address) 3214 Piedmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | Sept. 13 1928 |
| 20 UNDERTAKER William Cook | ADDRESS 3022 Harford Ave. |

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

Corwin

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37358 E 37358

## CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary ST. Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Corwin

(a) RESIDENCE NO. 4638 Park Heights Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora E Corwin

6 DATE OF BIRTH (month, day, and year) Feb 2 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 7 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) B + O R R Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Otisville New York

PARENTS

10 NAME OF FATHER Silas Corwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant J. W. Corwin

(Address) Bateman + Eburn Ave

15 Filed SEP 13 1928 .19 HANSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/1928

17 I HEREBY CERTIFY, That I attended deceased from September 7, 1928. to September 12, 1928.

that I last saw him alive on Sept 12, 1928.

and that death occurred, on the date stated above, at 10.15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolism

(duration) 2 hours. yrs. mos. ds.

CONTRIBUTORY (Secondary) Dental Caries

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9/11/28

Was there an autopsy? Obstruction of bile

What test confirmed diagnosis?

(Signed) John Monagle M. D.

. 19 (Address) Church Home + Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Sept 17 1928

20 UNDERTAKER George J Smith

ADDRESS 1536 Hollins

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37359

## CERTIFICATE OF DEATH

44 L E 37359

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 N. Luzerne ave ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anthony Miceli

(a) RESIDENCE NO. 134 N. Luzerne ave ST., 6 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 35 mos. ds. How long in U. S., if foreign birth? yrs. 43 mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Miceli

6 DATE OF BIRTH (month, day, and year) Sept 3 1875

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 53 | | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer City of Balto

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Francesco Miceli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Maria Miceli
(Address) 134 N. Luzerne ave.

15 Filed Sept 13 1928, 19 HAMILTON JONES, M. D. Registrar
By

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12. 28

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 28, to Sept 12, 19 28

that I last saw h.. alive on Sept 11, 19 28

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lumbago

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L. Valentine, M. D.

Sept 13 1928 (Address) 44 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | Sept 15 19 28 |
| 20 UNDERTAKER | ADDRESS |
| Frank V. Petrone | 1700 E. Fayette |

Spec.—1-10-21—M&T—1500 Blks.

E 37360

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

65-002

E 37360

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N. Pulaski ST. 70-17 WARD)

2-FULL NAME Rosa B Pearrell

(a) RESIDENCE NO. 301 N. Pulaski ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 1 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7, 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 1 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Martinsburg W. Virginia
(State or country)

PARENTS

10 NAME OF FATHER Jacob B. Pearrell

11 BIRTHPLACE OF FATHER (city or town) Martinsburg W. Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Dremmer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Washington D.C.

14 Informant Mr. Earl L. Hammonds
(Address) 301 N. Pulaski St

15 Filed SEP 13 1928 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1928

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to Sept 11, 1928,
that I last saw her alive on Sept 9, 1928,
and that death occurred, on the date stated above, at 5 7 a. m.
The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam.

(Signed) J M Dillon M. D.

Sept 11, 1928 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Martinsburg W. Va. | Sept 14 1928 |
| 20 UNDERTAKER | ADDRESS |
| Jos Jacobus Son | 2078 B... |

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37361

## CERTIFICATE OF DEATH

E 37361

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 301 N. Pulaski ST., 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bessie L. Pearrell

(a) RESIDENCE NO. 301 N. Pulaski ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (~~write the word~~): Divorced

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 1 1881

7 AGE: Years 46 | Months 9 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Martinsburg W Va

PARENTS

10 NAME OF FATHER: Jacob E. Pearrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Martinsburg W. Va

12 MAIDEN NAME OF MOTHER: Mary E. Penner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Earl L. Hammond

(Address) 301 N. Pulaski St

15 Filed 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 12 28

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Sept 12, 1928, that I last saw h[illegible] alive on Sept. 11, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 3 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr. 23/26

Was there an autopsy? No

What test confirmed diagnosis? Operation test

(Signed) J. M. Dewitt, M. D.

Sept. 3. 19 28 (Address) 921 Washington Blvd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Martinsburg W. Va | Sept 14 1928 |
| 20 UNDERTAKER: Jos Jacobus Son | ADDRESS: 2173 Penn |

Spec.—2-29-28—L. F. S.—500 Blks.

E 37362 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37362

CERTIFICATE OF DEATH

REGISTERED NO. 1546

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3318 Edgerton Ave. ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mattie S. Mullikin

(a) RESIDENCE NO. 3318 Egerton Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | single. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 2, 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 6 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Woodwardville A. A. Co. Md.

PARENTS

10 NAME OF FATHER H. Clay Mullikin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Woodwardville A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Richarda S. Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Millersville A. A. Co. Md.

14 Informant Mr. T. C. Mullikin Jr.
(Address) 3318 Edgerton Ave.

15 Filed Sept 13 1928 C. BARTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 28

17 I HEREBY CERTIFY, That I attended deceased from July 1928 to Sept 13 1928 that I last saw her alive on Sept 12 1928 and that death occurred, on the date stated above, at 6 05 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast - E
metastases to skull

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence.

Did an operation precede death? NO Date of —

Was there an autopsy? NO —

What test confirmed diagnosis? clinical & Xray

(Signed) Grant Gilbert M. D.

. 19 (Address) 219 medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodwardville, A. A. Co. | Sept. 1928 |
| 20 UNDERTAKER | ADDRESS |
| John O. Mitchell & Sons | 1900 Eutaw Place |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37363

## CERTIFICATE OF DEATH.

169 E 37363

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Harbor Fort Bond St. 2-4 Ward)

2-FULL NAME Unknown

(a) RESIDENCE NO. 4 St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | W | Not known |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| about | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14 Informant .....

(Address)

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Gunshot

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) G C Jones, M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

SEP 13 1928

Very important. See instructions on back of certificate.

SEP 13 1928 C. HAMPSON JONES, M. D.

UNIVERSITY OF MARYLAND

Board of Health.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37364 E 37364

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hutchins at River View 182 St., 36 Ward)

2-FULL NAME Un known

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. " " St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | H | Not known |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| About | 55 | | — | |

8 OCCUPATION OF DECEASER

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Mt Rainier

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town)

(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Acc) Drowning

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

Sept 4 1928 Signed Geo L Ades M. D. (Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

C. HANSON JONES, M. D. UNIVERSITY OF MARYLAND

Commissioner of Health.

SEP 13 1928

very important. See instructions on back of certificate.

3 1928 2755

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37365

## CERTIFICATE OF DEATH.

E 37365

1928

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St 16 Ward 23)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amos Lary

(a) RESIDENCE NO. 1013 N. Carlton Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 31 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed 1928 C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab wound of heart. Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Zellers M. D.
(Coroner)

9/10 1928 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ....mos., ....ds. In the State ....yrs., ....mos., ....ds.

Where was disease contracted, if not at place of death? Smith & Carollton Sts.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19

20 UNDERTAKER ADDRESS SEP 13 19

Commissioner of Health.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37366

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37366

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH U.S. Marine Hospital, REGISTERED No. 6714

CITY OF BALTIMORE: (No. Baltimore, Md. St., 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Wesley Godwin

(a) RESIDENCE No. Messango, Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~70~~ yrs. 3 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | colored | Married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice Godwin

6 DATE OF BIRTH (month, day, and year) June 10, 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 52 | 3 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer SS VIRGINIA

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Obie Godwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Harriet White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Records U.S. Marine Hospital Baltimore, Md.

15 3 1928 C. HANSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12 1928

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to September 12, 1928, that I last saw h imalive on Sept. 12, 1928, and that death occurred, on the date stated above, at 6:55 P m.

The CAUSE OF DEATH* was as follows:

Nephritis, parenchymatous, chronic

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia & Valvular heart disease

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? On board ship

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & laboratory findings

(Signed) Houston J Foster, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Temperanceville, Va. DATE OF BURIAL Sept. 13 1928

20 UNDERTAKER E. Leroy Stoffler ADDRESS 125 E. North ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37367 E 37367

## CERTIFICATE OF DEATH

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. ) ST 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Clark

(a) RESIDENCE NO. None 837 Druid Hill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Col | Not known |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not known

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 62 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant BALTIMORE CITY HOSPITALS (Address)

15 Filed 1 3 1928, 19 Per C. RAMPON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 1928

17 I HEREBY CERTIFY, That I attended deceased from 6-6, 1923, to 9-12, 1928, that I last saw her alive on 9-12, 1928, and that death occurred, on the date stated above, at 3:05 P. m.

The CAUSE OF DEATH was as follows:

Broncho. Pneumonia

Chronic Myocarditis -

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tabes Dorsalis, Syphilis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) P. M. Hall, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery DATE OF BURIAL Sept. 15 28

20 UNDERTAKER Jesse St. Redden. ADDRESS 436 N Biddle St

Spec.—1-12-23—M&T—500 Blks.

Elma G Hoyer

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37368

## CERTIFICATE OF DEATH.

E 37368

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Sexton ST. 25-72 WARD

2-FULL NAME Elma G. Hoyer

(a) RESIDENCE NO. 1631 Sexton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Hoyer

6 DATE OF BIRTH (month, day, and year) March 15, 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 40 | 5 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph E. Deever

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth J. Burton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mr. Joseph L. Hoyer (Address) 2320 Washington Blvd.

15 Filed Sept 13, 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11 19 28

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Sept 11, 1928

that I last saw her alive on Sept 11, 1928

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Pulmonale

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo. McKeffen, M. D.

19 (Address) 2320 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Sept 14 19 28

20 UNDERTAKER Joseph L. Cook — ADDRESS 1003 West Baltimore St

Spec.—1-12-23—M&T—500 Bks.

E 37369

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37369

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4 20 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blank

(a) RESIDENCE NO. Windsor Mill Rd., Woodlawn ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Blank

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 68 | 10 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Keiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William C. Blank

(Address) Woodlawn, Md.

15 Filed 8 1928 C. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from September 7, 1928, to September 12, 1928, that I last saw her alive on September 12, 1928, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Arterio-sclerosis

Myocardial degeneration

several years

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) G. K. Gulick, M. D.

9/12 28 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Sept. 15 19 28

20 UNDERTAKER Arthur B Cook

ADDRESS [illegible] Baltimore St

Spec.—1-12-23—M&T—500 Blks.

E 37370

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37370

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 43

CITY OF BALTIMORE: (No. [redacted] ST., [redacted] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Vrelhan

(a) RESIDENCE NO. [redacted] ST. [redacted] WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lena Vrelhan

6 DATE OF BIRTH (month, day, and year): Dec 7th 1869

7 AGE: Years 58 Months 9 Days 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER ? Vrelhan

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 Filed 3 1928 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12 1928

17 I HEREBY CERTIFY, That I attended deceased from 12/16 1926 to 9/12 1928 that I last saw h[illegible] alive on 9/12 1928 and that death occurred, on the date stated above, at 1-10 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of face

Unk (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of [illegible]

Was there an autopsy? No

What test confirmed diagnosis? [redacted] Microscopic Exam.

(Signed) C. H. Heck M. D.

19 (Address) BALTIMORE CITY HOSPITALS [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Sept 14 1928

UNDERTAKER: D. Wiglesworth — ADDRESS: 1850 W Balto

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37371

## CERTIFICATE OF DEATH.

E 37371

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Hopkins Hospital St., 4-4 Ward)

2-FULL NAME Alonzo Smith

(a) RESIDENCE NO. Easton, Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Smith

6 DATE OF BIRTH (month, day, and year) June 14/1882

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 46 | 2 | 30 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 86

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Percy Smith

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md

12 MAIDEN NAME OF MOTHER Martha Price

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md

14 Informant Joseph W. Smith

(Address) Easton, Md.

Filed 1928 C. BAUFORD JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Leukaemia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Cole, M. D.

(Coroner)

9/13/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md Date of Burial 9/14 1928

20 UNDERTAKER Wm. H. Schaffer ADDRESS 1816 E. Fremont St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 12756

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37372

## CERTIFICATE OF DEATH

9

E 37372

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 1623 WARD)

2—FULL NAME Gwendolyn Sidney

(a) RESIDENCE NO. 626 Arlington Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Black | |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/28/27

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 11 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Sidney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 13 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-11-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept-9, 1928, to Sept-11, 1928, that I last saw h.e.r. alive on Sept-11, 1928 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis
Bronchopneumonia
Tetany

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) C. C. Goodwin M. D.

9/13, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn | 9/14, 1928 |
| 20 UNDERTAKER Wm. H. Holland | ADDRESS 1631 Druid Hill Ave |

Spec.—1-12-23—M&T—500 Blks.

E 37373 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37373

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Myrtle Ave St. 1-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda White

(a) RESIDENCE No. 1114 Myrtle Ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 3 1856

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Co. Prince George

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ellen Gray
(Address) 1114 Myrtle Ave

15 9/6 1928 C. HAMPSON JONES, M. D.
, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1928, to Sept 11, 1928, that I last saw h[illegible] alive on Sept 11, 1928, and that death occurred, on the date stated above, at 8 P m

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 9/14/1928

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1603 Druid Hill Ave

Cor.—12-9-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37374

## CERTIFICATE OF DEATH.

+ 170 E 37374

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. On Stmr. Anthony Groves Jr. en route Philadelphia to Baltimore Ward) 4-6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Golonsky.

(a) RESIDENCE NO. 5812 Spruce St. Philadelphia Pa. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a If married, widowed or divorced

HUSBAND of

WIFE of Rose Golonsky.

6 DATE OF BIRTH (month, day, and year) Do not know.

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | About 48 | --------- | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Nathan Golonsky.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Rose Golonsky. (wife)

(Address) 5812 Spruce St. Philadelphia Pa.

15 1928 C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1928 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of the Head.
Suicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Bernhardt M. D.
(Coroner)

9/13 1928 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila Pa Date of Burial 9/13 1928

20 UNDERTAKER Jack Lewis ADDRESS 1429 E. Lanvale

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 37375

## CERTIFICATE OF DEATH

E 37375

1—PLACE OF DEATH Union Memorial Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 33[illegible] Calvert ST., 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Young Foo

(a) RESIDENCE NO. 1009 Ridgeley St (?) ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Chinese-American | Infant |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22 1928

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 0 | 2 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ching Young Foo

11 BIRTHPLACE OF FATHER (city or town) (State or country) China

12 MAIDEN NAME OF MOTHER Gladys Munroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mother

(Address)

15 Filed SEP 14 1928 CAMDEN JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12-28

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1928, to Sept 12, 1928, that I last saw h[illegible] alive on Sept 12, 1928, and that death occurred, on the date stated above, at 6 25 P m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Congenital Heart

(duration) yrs. 2 mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wallace Lumsden M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross & 4 Co. | 9-15 1928 |
| 20 UNDERTAKER | ADDRESS |
| Ger B Hasle | 115 E Hoffman |

Spec.—2-29-28—L. F. S.—500 Bks.

E 37376

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

4th E 37376

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 243 S Washington ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vekla Golanska

(a) RESIDENCE NO. 243 S Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1850

7 AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 78 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Jendrzejewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. J. Golanski

(Address) 243 S Washington

15 Filed SEP 14 1928, 19 CHARLTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 28

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Sept 13, 1928, that I last saw h[illegible] alive on Sept 12, 1928, and that death occurred, on the date stated above, at 12:25 A. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric Carcinoma

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Leo Hirsch, M. D.

(Address) 193 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Cross Cem Dist Rd | Sept 15 1928 |
| 20 UNDERTAKER | ADDRESS |
| S W Gazewski | 1930 Eastern Ave |

Spec.—2-29-28—L. F. S.—500 Blks.

E 37377

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113 E 37377

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 7-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hilda Vandewall

(a) RESIDENCE NO. 1444 Carroll ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 9, 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 1 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Vandewall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Florence Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Florence Vandewall

(Address) 1444 Carroll St

15 Filed 1 4 1928, 19 C. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Sept 13, 1928, that I last saw her alive on Sept 13, 1928 and that death occurred, on the date stated above, at 4 00 a m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis (under 2 yrs)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

9/13, 1928 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL Sept 19 19

20 UNDERTAKER [illegible] — ADDRESS [illegible]

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37378

## CERTIFICATE OF DEATH

90 ✓ E 37378

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 44II Mary Ave. Raspeburg ST. 21-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ignatius Wojcik

(a) RESIDENCE NO. 44II Mary Ave. Raspeburg ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of Magdalena Wojcik

6 DATE OF BIRTH (month, day, and year) Oct 14-1881

| 7 AGE Years | Months | Days 28 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 10 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Wojcik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Magdalena Wojcik

(Address) 44II Mary Ave Raspeburg

15 Filed C. [illegible] JONES, M. D. Registrar

1-4 1928 By [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12, 1928

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to Sept 12, 1928,

that I last saw him alive on Sept 12, 1928

and that death occurred, on the date stated above, at 5 30a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) JS Hundley, M. D.

, 19 (Address) 7919 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery — DATE OF BURIAL: Sept 15 1928

20 UNDERTAKER George A. Weber — ADDRESS 2205 Bank

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37379

1 PLACE OF DEATH

REGISTERED E 37379

City of BALTIMORE: (No. Church Home & Infirmary St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Adele Bujac Diffenderffer

(a) RESIDENCE NO. Hampton Court Apts. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 67 yrs. 10 mos. 15 ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William H.Diffenderffer

6 DATE OF BIRTH (month, day, and year) October-27-1860

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 67 | 10 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore Co.,

(State or country) Maryland

PARENTS

10 NAME OF FATHER James A.Bujac

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen R.Kelso

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant William H.Diffenderffer(husband)

(Address) Hampton Court Apts.

15 Filed SEP 14 1928 HAMILTON JONES, M. D.

Registrar

Per

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 2 mos. 1 ds.

(Signed) J. H. Mc Collum M. D.

(Coroner)

9/11/28 (Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 0 yrs. 0 mos. 1/3 ds. In the State 67 yrs. 10 mos. 15 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hampton Court Apts.

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Cemetery — Sept-13-28

20 UNDERTAKER — ADDRESS

STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) 106 W. NORTH AVE.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37380

100-001

## CERTIFICATE OF DEATH.

E 37380

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4227 Hickford Road ST., 27-14 WARD

2-FULL NAME Emma Elizabeth Byrne

(a) RESIDENCE No. 4227 Hickford Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? 65 yrs. 4 mos. 16 ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Byrne

6 DATE OF BIRTH (month, day, and year) April 27 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 4 | 16 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Maryland

PARENTS

10 NAME OF FATHER Henry F. Riefner

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?? Germany

12 MAIDEN NAME OF MOTHER Catharine Lindemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ??? Germany

14 Informant (Address) Jas. C. Byrne - (son) 4227 Hickford Road.

15 Filed 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1928, to Sept. 12, 1928, that I last saw her alive on Sept. 12, 1928, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Abdominal

Probable beginning

Primary (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. S. Hayden, M. D.

9/13, 1928 (Address) 1214 N. Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 9/15/28

20 UNDERTAKER Stewart & Moser Co. — ADDRESS Balto.

Spec.—1-10-21—M&T—1500 Bks.

E 37381 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 37381

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 Homewood Ave ST. 9-46 WARD)

2-FULL NAME Mrs Elizabeth H Schleifer

(a) RESIDENCE NO. 2121 Homewood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? 72 yrs. 9 mos. 25 ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. E. Schleifer

6 DATE OF BIRTH (month, day, and year): Nov-18-1855

7 AGE — Years: 72 — Months: 9 — Days: 25 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George Bayer

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Germany

12 MAIDEN NAME OF MOTHER: Margaret ??

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?? Germany

14 Informant: Mrs Helen L Rheinfeld (daughter)

(Address) 2121 Homewood Ave

15 Filed SEP 14 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 12 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 17th, 1928, to , 19 , that I last saw h[illegible] alive on Sept 12th, 1928, and that death occurred, on the date stated above, at 9.30 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. [illegible] ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Previous Apoplexy (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Charles O'Donovan M. D.

, 19 (Address) 5 East Read St Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept 15 1928

20 UNDERTAKER: Stewart Movers — ADDRESS: 108 W North Ave

CAUTION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37382

## CERTIFICATE OF DEATH.

91-002

E 37382

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE, Rear 23rd & O'Donnell Sts., 6-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ambrose Bonner

(a) RESIDENCE NO. Rear 23rd & O'Donnell St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | Col | widower |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 78 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Annie Bevans.

(Address) Rear 23 & O'donnell Sts

15 Filed Sept 14 1928 C. BAMPTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Laceration

(duration) yrs. mos. ds.

Sept 13 1928 (Signed) C. C. Cadet M. D. (Coroner)

(Address) 1431 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lashmu Cemetery Date of Burial Sept 16 1928

20 UNDERTAKER Chas. H. Johnson ADDRESS 46 N. Carolina St.

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 37383

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37383

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1225 Falls Road St., 45 Ward) 12-54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rosenberg

(a) RESIDENCE NO. 2225 Orem ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 1 - 1918

7 AGE: 9 Years 10 Months 11 Days 12 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Louis Rosenberg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Celia —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Louis

(Address) 1439 East St

15 Filed SEP 14 1928 S. HAMPSON JONES, M. D. Registrar

By

very important. See instructions on back of certificate.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

Drowning

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas Grossman, M. D. (Coroner)

Sept. 14, 1928 (Address) 3622 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Int'd Date of Burial 9/16/28 19

20 UNDERTAKER Jack Louis ADDRESS 1439 E Balt St

Spec.—1-12-33—M&T—500 Rls.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37384

## CERTIFICATE OF DEATH.

90E 37384

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 212 Aisquith St., 8 WARD)

2-FULL NAME Hyman Klein

(a) RESIDENCE NO. 212 Aisquith ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE OF Jettie Klein

6 DATE OF BIRTH (month, day, and year) 1846

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 82 | — | — | |

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Bacau Roumania

PARENTS

10 NAME OF FATHER Moses Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bacau Roumania

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bacau Roumania

14 Informant Morris Klein

(Address)

15 Filed SEP 14 1928 C. HAMPTON JONES, JR. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 25 1927 to Aug 17 1928.

that I last saw him alive on Aug 17 1928.

and that death occurred, on the date stated above, at 7 30 P.m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(duration) yrs. 11 mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sign

(Signed) Samuel Hirsfield and Symptoms M. D.

, 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 9/14 19 28

UNDERTAKER Jack Louis

ADDRESS 1439 Eastern

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37385

## CERTIFICATE OF DEATH.

4/e E 37385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp ST. 15-18 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lena Sherman

(a) RESIDENCE NO. 1909 Linton Ave ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Sherman

6 DATE OF BIRTH (month, day, and year) 11-7-74

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 10— | 6. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hospital Records.
(Address)

15 Filed SEP 11 1928, 19 C. BANKSON [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-13 1928

17

I HEREBY CERTIFY, That I attended deceased from 8-28, 1928, to 9-13, 1928, that I last saw h[illegible] alive on 9-13, 1928, and that death occurred, on the date stated above, at 4.20 p m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Uterus

(duration) unknown. yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8-31-28

Was there an autopsy? No

What test confirmed diagnosis? Biopsy of Uterus

(Signed) George C Bark, M. D.

9/13, 1928 (Address) 2002 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Cantian Cem

DATE OF BURIAL 9/13, 1928

20 UNDERTAKER Jack Levers

ADDRESS 1429 Eutaw St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37386
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 37386
REGISTERED NO.

City of BALTIMORE: (No. 116 S Caroline St. Ward 4)

2-FULL NAME Lavinus Wallace

(a) RESIDENCE NO. 116 S Caroline St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: single

6 DATE OF BIRTH (month, day, and year): July 10, 1887

7 AGE — Years: 41 — Months: 2 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 07
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Balto

PARENTS

10 NAME OF FATHER Nathan Wallace

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Balto

12 MAIDEN NAME OF MOTHER Mary McGlotten

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Balto

14 Informant Irene Wallace
(Address) 619 N. Eden St.

15 Filed SEP 14 1928 HARRISON JONES, M. D. Registrar
Per [illegible]

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Sept 10 1928

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mitral Stenosis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
Sept 13/28 Signed G. C. Clark M. D.
, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. — Date of Burial: Sept 17 1928

20 UNDERTAKER: Wm J. Lacks — ADDRESS: 1302 Jeff

very important. See instructions on back of certificate.

Cor.—1-12-28—M&T—100 Blks.

E 37387

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37387

## CERTIFICATE OF DEATH.

1185 002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Whalcom ST. 45-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren Butler

(a) RESIDENCE NO. 1327 Whalcom St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | colored | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1927

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 11 | 28 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) City —
(State or country)

PARENTS

10 NAME OF FATHER Randolph Butler

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Emma Lee

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Emma Lee
(Address) 1327 Whalcom St

15 Filed SEP 14 1928 192 C. HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. Lynch, M. D.

Sept 13, 1928 (Address) Bressler Mt & Dorsey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death .... yrs., .... mos., .... ds. In the State .... yrs., .... mos., .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Zion | Sept 14 1928 |
| UNDERTAKER | ADDRESS |
| Hammett & Bright | 1547 Mass Ave |

Spec.—7-17-26—A Co.—200 Bks.

E 37388

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

5-003
145 E 37388

REGISTERED NO. 15-13

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Baker

(a) RESIDENCE NO. 4304 Garrison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eli Baker

6 DATE OF BIRTH (month, day, and year) Jan 1 ~ 1900

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 28 | 9 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Morris M Goodman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Lena Goodman

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Russia

14 Informant Eli Baker

(Address) 4304 Garrison Ave

15 Filed SEP 14 1928 C. [illegible] JONES, M. D. Registrar

By [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Sept 13, 1928, that I last saw her alive on Sept 13, 1928, and that death occurred, on the date stated above, at 10:55 P. m.

The CAUSE OF DEATH* was as follows:

Childbirth

1 hr 50 min

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

30 min

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 13, 1928

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis W. Tillet, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem Date of Burial 9/14 1928

20 UNDERTAKER Jacob Lewis ADDRESS 439 Eldale St

OF DEATH in plain terms, so that it may be properly classified. Last statement of occupation is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37389

## CERTIFICATE OF DEATH

E 37389

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Will Wilkins

(a) RESIDENCE NO. 1307 N. Mount St.
(Usual place of abode)

WARD

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widd |

6 If married, widowed or divorced, HUSBAND of (or) WIFE of Jessie Milton

6 DATE OF BIRTH (month, day, and year) 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Section Hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer P. R. R. Co

9 BIRTHPLACE (city or town) (State or country) Atlanta Ga

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Harriett Redden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Jessie Wilkins

(Address) 1307 N. Mount St.

15 Filed SEP 14 1928, 19 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11, 1928

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to Sept 11, 1928,

that I last saw h[illegible] alive on Sept. 11, 1928

and that death occurred, on the date stated above, at 2:40 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis and Pleurisy with effusion

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? unknown (duration) yrs. unknown mos. ds.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab. findings

(Signed) John W. Gaines, M. D.

19 (Address) Provident Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Sept 13 1928

20 UNDERTAKER Samuel Hemsley

ADDRESS 578 N Eddy St

Spec.—1-12-23—M&T—500 Bks.

37390

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

37390

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 South ST., 16-23 WARD)

2-FULL NAME Lulie Davis Smith

(a) RESIDENCE No. 1205 South ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Davis

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE: Years 46 | Months | Days | If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lafayette Alexander (Address) 1197 Druid Pk

15 Filed ....., 19.... Per ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1928, to Sept 11, 1928, that I last saw h alive on Sept 11 1928 and that death occurred, on the date stated above, at 11 P, m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. H. Fletcher M. D.

9/14 1928 (Address) 1205 E Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem | DATE OF BURIAL Sept 13 1928

20 UNDERTAKER Samuel Stansbury | ADDRESS 578 W Baltimore

TION is very important. See instructions on back of certificate.

E 14 1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37391

## CERTIFICATE OF DEATH.

90

E 37391

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 820 Cator Ave St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar Mullikin

(a) RESIDENCE NO. 820 Cator Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Maud M Mullikin

6 DATE OF BIRTH (month, day, and year) May 7-1881

7 AGE — Years: 47 — Months: 4 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book-keeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Falls City

(State or country)

PARENTS

10 NAME OF FATHER Wm Mullikin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Belle Townshend

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N C

14 Informant (Address) Mrs. Maud M Mullikin 820 Cator Ave

15 Filed SEP 14 1928 C. HAMILTON JONES, M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J H Cates, M. D.

(Coroner)

9/14/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial Sept 15 1928

20 UNDERTAKER H S Marshall ADDRESS 3539 Falls Road

Be careful. very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37392 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 37392

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hyd S. 15th St. ST. 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Ellsworth Hollar

(a) RESIDENCE NO. Hyd S 15th ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Hollar

6 DATE OF BIRTH (month, day, and year): Oct. 3 - 1860

7 AGE: Years 67 Months 11 Days 3 If LESS than 1 day, hrs or min 9.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country): West End - Bedford Co - Pa

PARENTS

10 NAME OF FATHER: Samuel Hollar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Martha E. Lehman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: Charles Hollar (Address) 259 Riverview Ave. Arl.

15 Filed SEP 14 1928 19 [illegible] JAMES H. JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sep. 17 - 1928

17 I HEREBY CERTIFY, That I attended deceased from April, 1927, to September 17, 1928, that I last saw h[illegible] alive on Sept. 17th, 1928, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease with Hypertension

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Acute Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas J. Scheidtinger - M. D.

19 (Address) 4518 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Sept 15 28

20 UNDERTAKER: Philip Herwig — ADDRESS 2316 Orleans St

:—2-29-28—L. F. S.—500 Bks.

1928 E 37393

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

44 E 37393

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James W. Stewart

(a) RESIDENCE NO. 122 West 23rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Shannahouse Stewart

6 DATE OF BIRTH (month, day, and year) [illegible]

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Eliz. Colburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 14 1928 19 [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/11/28

17 I HEREBY CERTIFY, That I attended deceased from August 21, 1928, to September 11, 1928, that I last saw h. alive on September 11, 1928 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) from history 3 weeks. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Mcd Hannah M. D.

9/11, 1928 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Sept 14, 1928

20 UNDERTAKER Bates Williams.

ADDRESS 322 E. Lanvale St.

Spec.—1-12-23—M&T—500 Blks.

E 37394 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 E 37394

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 E. 20th St. 9-46 WARD)

2-FULL NAME Thomas S. Greenawalt Sr

(a) RESIDENCE NO. 730 E. 20th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christine A. Greenawalt

6 DATE OF BIRTH (month, day, and year) Oct 23 1851

| 7 AGE | Years | Months | Days 21 | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 10 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) P. R. R Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dauphin Co. Pa.

PARENTS

10 NAME OF FATHER Philip S. Greenawalt

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Lucas Tackpole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Christine A. Greenawalt (Address) 730 E. 20th St.

15 Filed SEP 14 1928 19 RAMON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1928.

17 I HEREBY CERTIFY, That I attended deceased from SEP 12 1928, to SEP 13 1928, 19

that I last saw h[illegible] alive on SEP 12 1928, 19

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic heart trouble dilatation of heart

(duration) X yrs. X mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(duration) 30 yrs. X mos. X ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Otto Becker, M. D.

SEP 14 1928 (Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet | Sept. 17 1928 |
| 20 UNDERTAKER | ADDRESS |
| Wm. Jno J. W. Teufel Sons | 621 N. Eutaw |

TION is very important. See instructions on back of

Spec.—1-12-23—M&T—500 Blks.

E 37395

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

38

E 37395

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1-PLACE OF DEATH**

CITY OF BALTIMORE: (No. 1208 W. Mulberry ST., 8 WARD)

2-FULL NAME Thelma E. Henson.

(a) RESIDENCE NO. 1208 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles. Henson

6 DATE OF BIRTH (month, day, and year) March 10. 1901

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 6. | 2. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James. M. Crouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hannie Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlestown W. Va

14 Informant Charles. Henson. (Address) 1208 W. Mulberry St.

15 Filed SEP 14 1928 19 H. [illegible] M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12. 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept 11. 1928. to Sept 12. 1928.

that I last saw her alive on Sep 12. 1928.

and that death occurred, on the date stated above, at 9.30 A.m.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin Cole. M.D.

19 (Address) 1211 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cem | Sept 15 1928. |
| 20 UNDERTAKER | ADDRESS |
| Mr Mrs John W Teufel & Son | 80 W Fayette |

TION is very important. See instructions on the back of this

Spec.—2-29-28—L. F. S.—500 Bks.

E 37396

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

57 E 37396

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1514 E. Biddle ST., (WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Caroline Bilzer

(a) RESIDENCE NO. 1514 E. Biddle ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S., if foreign birth 46 yrs. — mos. — ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced (or) WIFE of Edward Bilzer

6 DATE OF BIRTH (month, day, and year) Aug 28 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 68 | — | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Prins Rudolph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr. Edward Bilzer

(Address) 1514 E Biddle St

15 Filed SEP 14 1928 19... [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1928, to Sept 13, 1928, that I last saw h[illegible] alive on Sept 13 1928 and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Dr W W Peaden M. D.

9-13, 1928 (Address) 17 Paul St Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Sept. 17, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Henry Hock Son | 1301 E Eager St |

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37397

## CERTIFICATE OF DEATH.

129 1

E 37397

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1534 N. Caroline St St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME W. Henry Diehl

(a) RESIDENCE NO. 1534 N.Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| about 46 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Joel Gutman Co

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Miss Preller

(Address) 1534 N. Caroline St

15 Filed ..... 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probanly Chr. Nephritis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

9/15/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Holy Redeemer Cem — Date of Burial Sept 15 1928

20 UNDERTAKER — Henry Steck & Sons — ADDRESS 1304 E Eager St

Post

Use typewriter if possible. Otherwise write very plainly. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 37398

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37398

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 21-41 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Kern

(a) RESIDENCE NO. 612 McCabe Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 30 - 1908

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 20 | — | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier waitress

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer No Inquest necessary. Colon Resection Oct 1928 Lower

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Chas L Kern

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth E Weaver

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mrs Chas L Kern

(Address) 612 McCabe Ave.

15 Filed SEP 14 1928 C. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept. 12th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11th, 19 28, to Sept 12th, 19 28, that I last saw him alive on Sept 12th, 19 28, and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro Vascular Disease 4 hrs

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. 15 hrs.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Francis W. Fillis, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebron Cem Rochester — Date of Burial Sept 15 1928

20 UNDERTAKER John F Cowan & Son — ADDRESS 901 W Fayette St.

very important. See instructions on back of certificates.

Spec.—2-20-28—L. F. S.—500 Blks.

E 37399

# HEALTH DEPARTMENT—CITY OF BALTIMORE

10-002

E 37399

## CERTIFICATE OF DEATH

1—PLACE OF DEATH Sydenham Stoop

CITY OF BALTIMORE: (No. 1 ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruth Elizabeth Cawley

(a) RESIDENCE NO. 719 Berry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 23, 1924

| 7 AGE | Years | Months | Days 20 | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 4 | 7 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) — none

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Everett Cawley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Lula Swinkhart

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Sydenham Stoop records
(Address)

15 Filed 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1928, to Sept 13, 1928, that I last saw h[illegible] alive on Sept 13, 1928 and that death occurred, on the date stated above, at 230 p. m.

The CAUSE OF DEATH* was as follows:

Tons. + Nasal Diphtheria

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Diph. Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Bentivoglio Orphanage

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture

(Signed) [illegible] M. D.

, 19 (Address) Sydenham Stoop

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| St. Marys Hampden | Sept 14, 1928 |
| 20 UNDERTAKER | ADDRESS |
| C Brownell Son | 0615 Chestnut |

Spec.—1-10-21—MAT—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37400

## CERTIFICATE OF DEATH.

90 E 37400

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. ST. 46 WARD)

2-FULL NAME Audeard Hawes

(a) RESIDENCE NO. 2621 Boone ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE C. | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Hawes.

6 DATE OF BIRTH (month, day, and year) Autumn 1879

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor. gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ida Hawes Wife (Address) 2624 Boone St.

15 Filed SEP 14 1928 C. HAMPSON JONES, M. D. Registrar

Sig. [signature]

TION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Sept 11, 1928, that I last saw h alive on Sept 11, 1928, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Disease

c Hypertension + Arteriosclerosis

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Ch. Nom + pulmonary edema (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Calvary | DATE OF BURIAL Sept 14 1928

20 UNDERTAKER Mrs. R. G. Elliott | ADDRESS 1715 Eastland

Spec.—1-10-21—M&T—1500 Bks.

E 37401 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37401

# CERTIFICATE OF DEATH.

REGISTERED NO. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp (St.) 7-13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Victoria Moore

(a) RESIDENCE NO. 939 North Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Moore

6 DATE OF BIRTH (month, day, and year) May 7, 1893

7 AGE Years 35 Months 4 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Rufus Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Herbert Moore

(Address) 939 N. Dallas St.

15 Filed SEP 14 1928 RAMSAY JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1928 to Sept. 13 1928 that I last saw her alive on Sept. 13 1928 and that death occurred, on the date stated above, at 1 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
tuberculous peritonitis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) St. Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary DATE OF BURIAL Sept 14 1928

20 UNDERTAKER Mrs P. G. Elliott ADDRESS 1725 Ashland Ave

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37402

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

154 E 37402

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1872 So Ann St. 23-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Jane Bittner

(a) RESIDENCE No. 1872 So Ann ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 7 1928

7 AGE: Years — Months — Days 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Harry F. Bittner

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Grace Virginia Yingling

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Co. (State or country) Md.

14 Informant Mrs Grace Bittner (Address) 1872 So Ann St

15 Filed SEP 14 1928 C. BAILEY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1928, to Sept 12, 1928, that I last saw her alive on Sept 6, 1928, and that death occurred, on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchorum

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hartman M. D.

1928 (Address) 1 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bittner Chapel, Frederick Co. Md — DATE OF BURIAL Sept 15, 1928

20 UNDERTAKER Chas. P. Sterns. — ADDRESS 1501 Fenhawk

Spec.—2-29-28—L. F. S.—500 Blks.

E 37403

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113

E 37403

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Clarkson ST., 23-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vernon R. Sweet.

(a) RESIDENCE NO. 1735 Clarkson ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White. | Infant. |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) Jan. 7, 1928.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 8, | 7. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER George F. Sweet.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Oella, Howard Co. Md.

12 MAIDEN NAME OF MOTHER Edna M. Glasser

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md.

14 Informant George R. Sweet, (Father)

(Address) 1735 Clarkson St.

15 Filed SEP 14 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13/28

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 19 28 to Sept 13, 19 28

that I last saw h alive on Sept 13, 19 28

and that death occurred, on the date stated above, at 2.17 m.

The CAUSE OF DEATH* was as follows:

Acute Dis Colitis

No Dysentery

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Jos. R. Campbell M. D.

14, 19 28 (Address) 1448 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill Cem | Sept 15 1928 |
| 20 UNDERTAKER | ADDRESS |
| C. Howard Evans | 308 Fulton |

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37404

## CERTIFICATE OF DEATH

E 37404

161-001

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. Calvert & Saratoga Sts. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Baker (Premature 6 3/4 mos)

(a) RESIDENCE NO. 4304 Garrison Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 14 hrs | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Eli Baker.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Florence

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant Husband of Father

(Address)

15 Filed SEP 14 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 - 28 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 19 28, to Sept 14, 19 28, that I last saw him alive on Sept 14, 19 28, and that death occurred, on the date stated above, at 11.40 A. m.

The CAUSE OF DEATH* was as follows:

Premature (6 3/4 month)

(duration) yrs. mos. ds.

CONTRIBUTORY None

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank Xavier Morris, M. D.

19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew — Date of Burial 9/14 1928

20 UNDERTAKER: Jake Lewis — ADDRESS 1439 E Baltimore

Of DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37405

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

11 E 37405

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp ST 25-32 WARD)

2-FULL NAME Delores Sowman

(a) RESIDENCE No. 1 Annapolis Road ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8, 1918

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 10 | 4 | 5 | |

8 OCCUPATION OF DECEASED School

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) Odenton, Md
(State or country)

PARENTS

10 NAME OF FATHER Fulton Sowman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Arundel Co., Md.

12 MAIDEN NAME OF MOTHER Adele Sowman

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Carrie Stoud
(Address) 7 Annapolis Rd

15 Filed , 19
SEP 14 1928
C. HAMPSON JONES, M. D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Sept. 13, 1928, that I last saw her alive on Sept 13, 1928 and that death occurred, on the date stated above, at 3.05 Am

The CAUSE OF DEATH* was as follows:

Ruptured appendicitis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of Aug. 17, 1928

Was there an autopsy? no

What test confirmed diagnosis? Clinical & operative

(Signed) Jack J. Singer, M. D.

, 19 (Address) West Balto. Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Odenton Md

DATE OF BURIAL Sept 15 1928

20 UNDERTAKER H. M. Cook

ADDRESS 522 E. Fort Ave

Spec.—1-12-23—M&T—500 Blks.

E 37406 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 37406

1-PLACE OF DEATH West Baltimore General REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 24 WARD 32) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Paul

(a) RESIDENCE NO. 417 E. Clement ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Paul

6 DATE OF BIRTH (month, day, and year) Nov 17, 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 9 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Buck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Buck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Minnie Paul
(Address) 640 McKewin Ave

15 Filed SEP 13 1928 19 C. HAMPTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1928, to Sept. 13, 1928, that I last saw her alive on Sept. 13, 1928 and that death occurred, on the date stated above, at 8:35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis with effusion.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jack J. Smaed, M. D.

, 19 (Address) West Balto. Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Sept 15 1928

20 UNDERTAKER Wm Cook — ADDRESS 5 E Eutaw

Spec.—1-12-23—M&T—500 Bks.

37407

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] REGISTERED No. 37407

CITY OF BALTIMORE: (No. ..... ST. 24-39 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Robb

(a) RESIDENCE No. 136 E. Getting ST., ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lena

6 DATE OF BIRTH (month, day, and year) Sept 9 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ddo

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John M

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Maggie Fogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant ..... (Address) BALTIMORE CITY HOSPITALS

15 Filed ....., 19 [redacted] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-10, 1928, to 9-12, 1928, that I last saw him alive on 9-12, 1928, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis
Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) J. M. Slack, M. D.

. 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Sept 15 1928

20 UNDERTAKER Wm. Cook — ADDRESS 502 E. North Ave

TION IS very important. See instructions on back of certificate.

14 578 Par

Spec.—2-29-28—L. F. S.—500 Bks.

Frits Maple.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37408

## CERTIFICATE OF DEATH

REGISTERED NO. 54 E 37408

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6113 Belair Road ST., 16-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Vernon L. Deise

(a) RESIDENCE NO. 6113 Belair Road ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 1928

| 7 AGE | Years | Months | Days 26 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 2 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER H. Linder Deise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ida V. Hudnut

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant H. Linder Deise
(Address) 6113 Belair Road

15 Filed SEP 14 1928 H. [illegible] JONES Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1928, to Sept 13, 1928,
that I last saw h[illegible] alive on Sept 13, 1928.
and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Blue Baby

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

9/13, 1928 (Address) Cockey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore | Sept 14 1928 |
| 20 UNDERTAKER J. M. Cook | ADDRESS 502 E North Ave |

Spec—12-23-21—E.B.R.S.—400 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37409

1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

1885 E 37409

Registered No.

City of BALTIMORE: (No.) 710 Edgewood St., 16-67 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Louis Barranger

(a) Residence No. 710 Edgewood St

(Usual place of abode) St., Ward

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Barranger

6-DATE OF BIRTH (month, day and year) June 21 1928

7-AGE, 60 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 061

(b) General nature of industry, business, or establishment in which employed (or employer) Policelieutenant

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Barranger

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Wife, Ann Barranger.

(Address) 710 Edgewood

15- Filed SEP 14 1928 192 C. HAMILTON JONES, M. Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 9-11-28

17- I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to Sept 11, 1928, that I last saw h... alive on Sept 11, 1928, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Broken hip Caused by Fall June 25, 1928

(Duration) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 9 yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Broken hip

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) J. A. Lally M. D.

, 19 (Address) 3517 Fernside

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL, 9-14-28

20-UNDERTAKER, M. Takey Sons ADDRESS 1825 W North Ave

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37410

## CERTIFICATE OF DEATH.

145-003

E 37410

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. ST. 24-34 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Frieda Sass

(a) RESIDENCE NO. 7376 Fort Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Sass

6 DATE OF BIRTH (month, day, and year) Sept. 7th, 1900

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 0 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Schulz

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Elizabeth Grill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mrs. Geo. Knight

(Address) 737 E. Fort ave.

15 Filed SEP 14 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 11, 1928.

That I last saw h[illegible] alive on Sept 11, 1928,

and that death occurred, on the date stated above, at 1 15 p. m.

The CAUSE OF DEATH* was as follows:

Rupture Uterus

Hemorrhage

12 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis & paralytic ileus (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Theodore Woolach, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL 9/14 1928

20 UNDERTAKER C. J. Fanning & Son - 1938 E. Lafayette — ADDRESS Ave.

TION is very important. See instructions on back of certificate.

E 37411

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 37411

1-PLACE OF DEATH 4443 Clifton Road

REGISTERED No. C

CITY OF BALTIMORE (No. 28-66 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Stansbury

(Residence in Baltimore: No. 4443 Clifton Road St. 5 yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

| 3-SEX. | 4-COLOR OR RACE. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) |
|---|---|---|
| Female | White | Widow |

6-DATE OF BIRTH. March 4, 1853 (Month) (Day) (Year)

7-AGE. 75 yrs. 6 mos. 10 ds. If LESS than 1 day, ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Carroll Co Md

PARENTS.

10-NAME OF FATHER. Levi Tormey

11-BIRTHPLACE OF FATHER (State or Country). Carroll Co Md

12-MAIDEN NAME OF MOTHER. Caroline Bond

13-BIRTHPLACE OF MOTHER (State or Country). Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Leyburn

(Address) 4443 Clifton Rd

15- C. RAMSAY JONES, M. D.

Filed SEP 14 1928, 191 Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept (Month) 14 (Day), 1928 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Chronic Myocarditis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

Sept 14 1928 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL. Sept. 17, 1928

20-UNDERTAKER Henry Myerkins — ADDRESS Eutaw & Lexington

Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37412

## CERTIFICATE OF DEATH.

129 E 37412

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., 19-26 WARD)

2-FULL NAME Margaret Tarbutton

(a) RESIDENCE No. 1711 E. Balto St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Tarbutton

6 DATE OF BIRTH (month, day, and year): July 1905

7 AGE: Years 23 Months 2 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Martin Rutkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Anna Rutkowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Hospital Records

(Address)

15 Filed SEP 14 1928 By [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/13 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/21, 1928, to 9/13, 1928, that I last saw h[illegible] alive on 9/13/28, 1928, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

1. Chronic glomerular nephritis

2. Uremia

at least (duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Meyer Miller M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington Delaware — DATE OF BURIAL: 9/14 1928

20 UNDERTAKER: George J Ruth — ADDRESS: 1735 Harford Ave

CAUSE OF DEATH. See instructions on back of certificates.

TION is very important. Please answer all questions as full

Cor.—12-9-25—A Co.—200 Bks.

E 37413

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

179 V

E 37413
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1050 W Lanvale St (Ward) 16-26

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eunice Wallace

(a) RESIDENCE NO. 1050 W Lanvale St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 9 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 67 Months Days

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: don't know

11 BIRTHPLACE OF FATHER (city or town)

(State or country): don't know

12 MAIDEN NAME OF MOTHER: don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): don't know

14 Informant: (Address) Paul Wallace 1050 W Lanvale

15 Filed SEP 14 1928 Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/12 1928.

17 I HEREBY CERTIFY That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

From burns face across, Stom -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

, 1928 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial 9/14 28.

20 UNDERTAKER: Samuel Enkin — ADDRESS 916 Park

of certificate.

very important. See instructions on back of ce

Spec.—1-12-23—M&T—500 Blks.

E 37414 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 88 E 37414

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

CITY OF BALTIMORE. (No. ..... ST., 7-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Delaney

(a) RESIDENCE NO. 1816 E Monument ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5, 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day.... hrs. or .... min. |
|---|---|---|---|---|
| | 53 | 4 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 052

(b) General nature of industry, business, or establishment in which employed (or employer) Paper hanger

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Jerome

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kate Tate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Friends (Address) BALTIMORE CITY HOSPITALS [redacted]

15 9 14 1928 C. [redacted] JOHNS M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-13 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-3, 1928, to 9-13, 1928, that I last saw h[redacted] alive on 9-13, 1928, and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Manition

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Mental Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 7

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) P. M. Wood, M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing [redacted] Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery DATE OF BURIAL Sept 15 1928

20 UNDERTAKER William F. Schaffer ADDRESS 816 Monument E

TION is very important See instructions on back of certificates.

Spec. 7-17-26 A Co. 200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37415

## CERTIFICATE OF DEATH

113 E 37415

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 434 Pitman Place St. 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olive Ruth Feuchter

(a) RESIDENCE NO. 434 Pitman Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 27. 1927

7 AGE — Years: — Months: 8 Days: 17 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.,

(State or country) Md.

PARENTS

10 NAME OF FATHER John Feuchter

11 BIRTHPLACE OF FATHER (City or town): Balto.,

(State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn R. Eisel

13 BIRTHPLACE OF MOTHER (city or town): Balto.,

(State or country) Md.

14 Informant: John Feuchter

(Address) 434 Pitman Place

15 Filed 9 14 1928 C. MARRON JONES, M. D. Registrar

Per

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1928 to Sept 13 1928

that I last saw her alive on Sept 13 1928

and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell, M. D.

9/13. 1928 (Address) 1279 Mellaire

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Sept. 15 1928

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Light

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 37416

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

113 E 37416

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4322 Fairhaven St. 25-77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julianth Stec

(a) RESIDENCE NO. 4322 Fairhaven St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | S |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23 1928

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | — | 3 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER John Stec

11 BIRTHPLACE OF FATHER (City or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Sophia aleksaitis

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant John Stec father

(Address) 4322 Fairhaven

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

Par.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 7 1928 to Sept 13 1928

that I last saw h[illegible] alive on Sept 10 1928

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) acidosis

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon J. Hirsh M. D.

Sept 14 1928 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Brooklyn — Date of Burial Sep 14 1928

20 UNDERTAKER John M Weber — ADDRESS 401 S Chester

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

2F6 37417 ✓ × 84 E 37417

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. HOPKINS HOSPITAL ST. 1-9 WARD)

2—FULL NAME Floyd Wyatt

(a) RESIDENCE NO. Charlotte, N. C ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Boy |

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 9 years | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER James H Wyatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Annie Nevins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant

(Address) HOPKINS HOSPITAL

15 Filed SEP 14 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14-1928

17 I HEREBY CERTIFY, That I attended deceased from August 15, 1928, to September 14, 1928, that I last saw h/ alive on September 14, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Brain tumor, post-operative Brain abscess

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 16

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) L. Ridgeway Trimble M. D.

9/14, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Charlotte N C | 9/14/1928 |
| 20 UNDERTAKER Joseph Ahrens | ADDRESS 221 B way |

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37418 E 37418

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) ST., WARD) 129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Walker

(a) RESIDENCE No. 1519 E. Fairmount ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 48 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed 9-14 1928 C. RAMSAY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1928, to Sept. 13, 1928, that I last saw him alive on Sept. 13, 1928 and that death occurred, on the date stated above, 4.15 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular renal hypertensive disease

(duration) Unknown mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary & blood

(Signed) Henry C Smith, M. D.

9-13, 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem. DATE OF BURIAL Sept 15 1928

20 UNDERTAKER Ruth E. Wilkins ADDRESS 1515 McElderry St

FOR ... Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 37419 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37419

## CERTIFICATE OF DEATH.

185

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 21-55 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Harriett Marshall

(a) RESIDENCE NO. 5207 Linden Hts Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | S |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26/1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 3 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER J. Walter Hardhall

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Harriett Schneider

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Father

(Address)

15 Filed 19 C. HAMPSON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/14/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage- Fracturd Skull- Accidently fell down steps at home.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Cullen M. D.
(Coroner)

9/14/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Otto Parran Cem. Balto Co. Sept 14 1928

20 UNDERTAKER ADDRESS

Weaver Bros. Inc. Sykesville Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

14 1928

Spec.—1-10-21—M&T—1500 Bks.

E 37420

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37420

## CERTIFICATE OF DEATH.

129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 E Biddle St., 10-1 (WARD)

2-FULL NAME Anna Ruppert

(a) RESIDENCE NO. 1025 E Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John V Ruppert

6 DATE OF BIRTH (month, day, and year) May 3 1863

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 4 | 29 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Nicholas Schubert

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Baden

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant John Ruppert

(Address) 1025 E Biddle

15 Filed 4 1928 C. HAMILTON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificate

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12, 1928

17

I HEREBY CERTIFY, That I attended deceased from 9/7/28. 19 , to 9/12/28. 19 .

that I last saw her alive on 9/12/28 .19 ,

and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis ✓ Syph.

Chr. Myocarditis (duration) Chr. nephritis yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Thos B. Sylvest M. D.

, 19 (Address) 2802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 9/15/28

20 UNDERTAKER George A Farley

ADDRESS Fulton & Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

E 37421 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37421

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 1515 E. Preston St., 7-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Arthur

(a) Residence No. 1515 E. Preston St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6-DATE OF BIRTH (month, day and year) 10. 12. 67

7-AGE, 60 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md.

PARENTS.

10-NAME OF FATHER Wm. H. Arthur

11-BIRTHPLACE OF FATHER (city or town) Chestertown (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Annie Griffith

13-BIRTHPLACE OF MOTHER (city or town) Balto, (State or Country), Md.

14- (Informant) Edwin H. Arthur

(Address) 1515 E. Preston St.

15- Filed Sept 15 1928 CHARLES JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 12. 28.

17- I HEREBY CERTIFY, That I attended deceased from June 1st, 1928, to Sept. 12th, 1928, that I last saw h. alive on Sept. 11th, 1928, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Uremic Coma

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles H. A. Wright, M. D.

9/12, 1928 (Address) 103 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Sept 15 1928

20-UNDERTAKER, Wm. J. Tuckner Sons ADDRESS N. Y. Ave

Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

E 37422

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37422

1-PLACE OF DEATH

City of BALTIMORE: (No. UNION MEMORIAL HOSP. St., 12 Ward) REGISTERED NO. 12-47

2-FULL NAME JESSE H. NACE

(a) RESIDENCE NO. HAMPSTEAD, MD St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of AMANDA NACE

6 DATE OF BIRTH (month, day, and year) DEC. 10 - 1863

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 64 | 9 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work FARMER

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer GEO. EARHART

9 BIRTHPLACE (city or town)

(State or country) MD

PARENTS

10 NAME OF FATHER HENRY NACE

11 BIRTHPLACE OF FATHER (city or town)

(State or country) MD

12 MAIDEN NAME OF MOTHER SARAH HARE

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) MD

14 Informant AMANDA NACE

(Address) HAMPSTEAD, MD

15 Filed 1928 [illegible] Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuries - Struck by falling barn

Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

9/14 1928 (Address) 1672 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL HAMPSTEAD, MD Date of Burial 9-16 1928

20 UNDERTAKER Wm. J. TICKNER & SONS ADDRESS 7A & No. Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 37423

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37423

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 5306 York Road St. 27-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah A. Parr

(a) Residence No. 5306 York Road St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 17 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (write the word): Married

5a-If married, widowed, or divorced ~~the wife~~ of (or) WIFE of: Jacob A. Parr

6-DATE OF BIRTH (month, day and year): Feb 27 1874

7-AGE: 54 yrs. 6 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer: -

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS

10-NAME OF FATHER: Thos B. Archbold

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary A. Hammond

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14-

(Informant): Jacob A. Parr

(Address): 5306 York Rd

15-

Filed ... C. RAMSAY JONES, M. D. Registrar.

1 4 1928

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Sept 13. 1928

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1928 to Sept 13 1928, that I last saw h[illegible] alive on Sept 13 1928, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chr Bronchitis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Rectal Hemorrhage

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) D. W. Bushong, M. D

9/14, 1928 (Address) 521 Sheridan Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Woodlawn Cem | Sept 15, 1928 |
| 20-UNDERTAKER | ADDRESS |
| Jno J Dickey & Sons | 1 E Lafayette |

instructions on back of certificates.

Spec.—2-20-28—L. F. S.—500 Blks.

J E Talbott, 1355 W North Ave

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37424 — CERTIFICATE OF DEATH — E 37424

REGISTERED NO. 90

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 N. Bentalou ST. 14-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah E. Talbott

(a) RESIDENCE NO. 1353 W North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Talbott

6 DATE OF BIRTH (month, day, and year) Aug 19, 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 0 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Soper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Camp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edward Talbott

(Address) 1353 W North Ave

15 Filed 1928 C. HAMPSON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 28, to Sept 13, 1928,

that I last saw h. alive on Sept 13, 1928

and that death occurred, on the date stated above, at 7.25 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) — yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. — mos. 12 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. Edw. Talbott, M. D.

9/14, 1928 (Address) 1355 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Emmanuel Cemetery Md | Sept 15 1928 |
| 20 UNDERTAKER W. M. Cook | ADDRESS 508 E North Ave |

Important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

1507 N. Fulton

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37425

## CERTIFICATE OF DEATH

90 E 37425

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 621 N. Fulton Ave St. (11-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Elizabeth Kirchoff

(a) RESIDENCE NO. 621 N. Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 1875

7 AGE Years: 53 Months: Days:

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House do

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country) Balto.

PARENTS

10 NAME OF FATHER Mr. Kirchoff

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Auernauch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Liddie Sweet

(Address) 621 Fulton Ave

C. HAMPSON JONES, M. D.

15 Filed 1928 Per RAH Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14, 1928.

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to Sept. 13, 1928, that I last saw her alive on Sept. 13, 1928, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Fever

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Quinn, M. D.

19 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial Sept. 17 1928

20 UNDERTAKER Wm. Cook ADDRESS 502 Eutaw

IMPORTANT: Answer questions in ink, print, or typewrite. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37426

# HEALTH DEPARTMENT—CITY OF BALTIMORE

37426

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted] 21-28 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. .....

2-FULL NAME Thomas H Tittle

(a) RESIDENCE NO. 1025 Bank ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Pat. Tittle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant ..... (Address) BALTIMORE CITY HOSPITALS

15 Filed 15 1928 C. [redacted] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 19 28

17 I HEREBY CERTIFY, That I attended deceased from 8/22, 19 28, to 9/13, 19 28, that I last saw h[e] alive on 9/13, 19 28, and that death occurred, on the date stated above, at 12.20 A.M.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma Stomach

Chr. Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. M. Slack, M. D.

19 ..... (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| New Cathedral Cem | Sept 17 19 28 |
| 20 UNDERTAKER John J Howard & Son | ADDRESS 901 Lexington |

CAUSE OF DEATH in plain terms, so that it may be properly classified. ATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

# E 37427 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

101-001 E 37427

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Jefferson ST.) (WARD) 6 4

2-FULL NAME Elverne Washington

(a) RESIDENCE NO. 1230 Jefferson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lorenzo Washington

6 DATE OF BIRTH (month, day, and year) Nov 28 1902

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 9 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston S C

PARENTS

10 NAME OF FATHER Alexander Grant

11 BIRTHPLACE OF FATHER (city or town) (State or country) S C

12 MAIDEN NAME OF MOTHER Victoria Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C

14 Informant Lovie Washington

(Address) 1230 Jefferson

15 Filed 14 1928 C. BANCROFT DAVIS, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928 to Sept 13, 1928.

that I last saw h alive on Sept 13, 1928

and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Bilateral

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Bancroft Davis, M.D.

Sept 14 1928 (Address) 1230 Jefferson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charleston S.C

DATE OF BURIAL Sept 15 1928

20 UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37428

## CERTIFICATE OF DEATH.

113 E 37428

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 17-50 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Grandison

(a) RESIDENCE NO. 3106 BarclaySt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | S |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 9/28

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 0 | 6 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER James Grandis n

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.

(State or country)

12 MAIDEN NAME OF MOTHER Bertha Lewis

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Father

(Address)

15 Filed 19 C. RAMSAY JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 12 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Indigestion

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. M. Bruns, M. D.

(Coroner)

9/14/28 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial Sept. 15 1928

20 UNDERTAKER Thos J. & Locks ADDRESS 302 Fulton Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

15 1928

Spec.—1-12-23—M&T—500 Blks.

E 37429

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37429

## CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH West Baltimore General.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Adaline ST. (WARD) 19

2-FULL NAME ~~Baby~~ Ruth Bowen.

(a) RESIDENCE NO. 412 N. Port. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 26, 1923

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | 6 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jacob L. Bowen.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Reistertown.

12 MAIDEN NAME OF MOTHER Miss Cilento

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Jacob L. Bowen (Address) 412 N Port St

15 Filed ..... C. BARTON JONES, M. D. Registrar

15 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14, 1928.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1928. to Sept. 14, 1928. that I last saw h~~er~~ alive on Sept. 14, 1928. and that death occurred, on the date stated above, at 4:10 P. m

The CAUSE OF DEATH* was as follows:

Acute glomerulo-nephritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Benjamin Sarubin M. D.

, 19 (Address) W. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Sept 7, 1928

20 UNDERTAKER John Lellrich ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificates.

Spec.—1-12-28—MAT—500 Blks.

E 37430 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37430

## CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 W. Montgomery St. 31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Casper F. Mehrling

(a) RESIDENCE NO. 131 W. Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Stroebel

6 DATE OF BIRTH (month, day, and year) June 18-1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs or ....min. |
|---|---|---|---|---|
| | 45 | 2 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Mehrling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lydia Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs Henrietta Mehrling

(Address) 131 W. Montgomery St

15 Filed 9/14 1928 C. [illegible] JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1928

17 I HEREBY CERTIFY, That I attended deceased from April, 1928, to Sept 14, 1928, that I last saw h[illegible] alive on Sept 13, 1928 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. M. Gehle M. D.

9/14 1928 (Address) 435 Mary Land Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Sept 17 1928

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 37431

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37431

## CERTIFICATE OF DEATH

100-001

1—PLACE OF DEATH

REGISTERED NO. 15-67

CITY OF BALTIMORE: (No. 2510 Allendale Road ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David McLean

(a) RESIDENCE NO. 2510 Allendale Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 4 ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Lee McLean

6 DATE OF BIRTH (month, day, and year) June 9- 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 77 | 67 | 8 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm McLean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Susan Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Wm McLean

(Address) 3805 Edmondson Ave

15 Filed 15 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13-1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 13 9 a.m. 1928 to Sept 13 P.M. 1928, that I last saw h[illegible] alive on Sept 12 1928 and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Hemicide - Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Turner C. [illegible], M. D.

Sept 14 1928 (Address) Lafayette apt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem. | Sept 17 1928 |
| 20 UNDERTAKER | ADDRESS |
| Harry W. Eblen | 1947 W. North Ave |

Spec. 6-3-19—H. P. Co.—1000 Bks.

E 37432

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37432

## CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1120 N. Fremont St. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Diana Pratt

(a) RESIDENCE. No. 1120 N. Fremont St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Diana Pratt (Address) 1120 N Fremont St

15 Filed . 19 Registrar

15 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 . 1928 to Sept 13 . 1928

that I last saw h alive on Sept. 10 . 1928

and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Oldage, Acute Bronchitis (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Charles J. Baggott, M. D.

. 19 (Address) 1065 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Auburn Cem | 9/15/28 |
| 20 UNDERTAKER Daniel Carter | ADDRESS 916 Pe |

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37433

E 37438

## CERTIFICATE OF DEATH.

REGISTERED NO. 160

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 824 N. Vincent Ward) 16-23

2-FULL NAME Irene Keys

(a) RESIDENCE NO. 824 N. Vincent Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Fem | Col | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of N.

6 DATE OF BIRTH (month, day, and year) Nov 16-1918

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | | 4 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Jack Keys.

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Viola Dixon

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Viola Keys.

(Address) 824 N. Vincent

15 Filed ..... 19 .....

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) .....yrs. 4 mos. 29 ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

Signed Sept 12th (Coroner) F. C. Lush M. D.

(Address) with Br. & Penn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 9-15-1928

20 UNDERTAKER Daniel Carter ADDRESS 916 Eas

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37434

## CERTIFICATE OF DEATH.

E 37434

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

2-FULL NAME Sarah Williams

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | B | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1843

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 85 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Denis Holland

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Comfort Proctor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St.

15 Filed ..... 19 ..... Registrar

5 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 28

Sept 13th.

17 I HEREBY CERTIFY, That I attended deceased from Record ....., 19....., to ....., 19.....,

that I last saw h.. alive on Sept 9, 1928,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

1 Week (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. A. Farmer, M. D.

Sept 14 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lilbo Burial Date of Burial 9/19-28

20 UNDERTAKER Denis Fenton ADDRESS 916 Dolphin

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 37435

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

128 E 37435

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Ethring ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Humphreys Russell

(a) RESIDENCE NO. 2401 Ethring ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel Russell

6 DATE OF BIRTH (month, day, and year) Sept 7. 1883

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 45 | 0 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter & Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Young Paint Co.

9 BIRTHPLACE (city or town) Calvert Co. (State or country) Md

PARENTS

10 NAME OF FATHER Richard Russell

11 BIRTHPLACE OF FATHER (city or town) St Marys Co. (State or country)

12 MAIDEN NAME OF MOTHER Mary E Jackson

13 BIRTHPLACE OF MOTHER (city or town) St Marys Co (State or country)

14 Informant Isabel Russell (Address) 2401 Ethring St.

15 Filed Sept 15 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Sept 3, 1928, that I last saw him alive on Sept 13, 1928, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis (duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine by Lab

(Signed) W. K. Wright M. D.

(Address) 1209 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Sept 17 1928

20 UNDERTAKER Thomas E Kelson — ADDRESS 1303 Preastman St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37436

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37436

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH Christs Institution Hospital

CITY OF BALTIMORE: (No. 704 Ensor ST., WARD) 10-14

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eli. C. Washington

(a) RESIDENCE NO. Midland, Va. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maude Washington

6 DATE OF BIRTH (month, day, and year): Apr 2-86

7 AGE: Years 42 Months 5 Days 11 If LESS than 1 day, hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Midland Va

PARENTS

10 NAME OF FATHER: Eli Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Amanda Ensor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Melvina M. Simmons

(Address) 817 S. St Sparrows Point

15 Filed ..... 1928 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Sept 14, 1928, that I last saw him alive on Sept 14, 1928, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Midland Va.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Positive = X ray

(Signed) Dr Gunnewood, M. D.

9-14 1928 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Midland Va — DATE OF BURIAL: Sept 17 1928

20 UNDERTAKER: Sam'l. W. Chase & Son — ADDRESS: 1400 Mosher

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# E 37437 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37437

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 129

CITY OF BALTIMORE: (No. 13-59 ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Thomas

(a) RESIDENCE No. 2232 Druidhill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | wid |

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Easton (State or country) md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant BALTIMORE CITY HOSPITALS (Address)

15 Filed 15 1928 C. [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-9 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-7, 1925, to 9-9, 1928, that I last saw h[illegible] alive on 9-9, 1928, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

Chronic Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Prostatic Hypertrophy

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys & Lab.

(Signed) [illegible] M. Finch, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL Sept 15 1928

20 UNDERTAKER John J. Flaherty Sons — ADDRESS 837 Light St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37438

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37438

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 88

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 3-4 WARD)

2-FULL NAME Maurice Connelly

(a) RESIDENCE No. 901 Fell ST., ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ? yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 81 Years | Months | Days | If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: BALTIMORE CITY HOSPITALS (Address)

15 Filed ..... 19..... C. [illegible] JONES, M. D. Registrar

SEP 15 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-8 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-17 .1923. to 9-8 .1928.

that I last saw him alive on 9-8 .1928.

and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Coronary Embolism

(duration) ..... yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Senility - Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. M. Hitch, M. D.

.19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: Sept 15 1928

20 UNDERTAKER: John J. Fahey Mem'l — ADDRESS: 1315 Eastern Ave

TION is very important See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

# E 37439 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37439

## CERTIFICATE OF DEATH.

49

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5252 Reisterstown Rd ST. 26-6 WARD)

2-FULL NAME John Edgar Grove

(a) RESIDENCE NO. 5252 Reisterstown Rd. ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A. Grove

6 DATE OF BIRTH (month, day, and year) Oct. 6, 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 41 | 11 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor & Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self 0/6

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Benjamin F. Grove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Alvieda Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mrs. Martha A. Grove
(Address) 5252 Reisterstown Rd.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13 19 28

17

I HEREBY CERTIFY, That I attended deceased from Sept, 1926, to Sept 13, 1928, that I last saw him alive on Sept 13, 1928, and that death occurred, on the date stated above, at 12.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate Gland

(duration) 2 yrs. 9 mos 13 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Mar 2 1927

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) George J Fowble, M. D.

9/14, 19 28 (Address) 212 W. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Sept. 17 19 28

20 UNDERTAKER J. B. Cook — ADDRESS 1003 West Baltimore St.

TION is very important See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 37440

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37440

1-PLACE OF DEATH Jenkins Memorial Hospital 129

REGISTERED NO.

City of BALTIMORE: (No. 1000 Caton, Ave. St. 16-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia C. Tuttle

(a) RESIDENCE NO. 1937 Mosher St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. Life ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 20, 1858

7 AGE — Years: 70 Months: 4 Days: 24 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Richmond

(State or country): Virginia

PARENTS

10 NAME OF FATHER: David Tuttle

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Riley

13 BIRTHPLACE OF MOTHER (city or town): New Orleans

(State or country): La.

14 Informant: Helen M. Iney

(Address): 1937 Mosher St.

15 Filed 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14 1928

17 I HEREBY CERTIFY, That I attended deceased from 5-5, 1928, to 9-14, 1928, that I last saw h[illegible] alive on 9-14, 1928, and that death occurred, on the date stated above, at 1:40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Interstitial)

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Embolus

Suddenly (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

(Address) St. Agnes Hospital

9/14, 19 28

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Sept. 17 19 28

20 UNDERTAKER: [illegible] Block — ADDRESS: 1001 West Baltimore St.

IMPORTANT: The above questions must be carefully answered and should be filled EARLIEST. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1928

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37441

E 37441

## CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1606 W Mulberry St. 14-27 Ward)

2-FULL NAME Benj Logan

(a) RESIDENCE NO. 1606 W Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 26 1928

7 AGE — Years: — Months: 2 Days: 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Benj Logan

11 BIRTHPLACE OF FATHER (city or town) S C

(State or country)

12 MAIDEN NAME OF MOTHER Fannie Purvis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S C

14 Informant Mother

(Address) 1606 W. Mulberry St.

15 Filed 1928 19 Jones M. D. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Right)

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Intoxication

(duration) yrs. mos. ds.

(Signed) Chas W Jones M. D. (Coroner)

, 192 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery Date of Burial 9/15 1928

20 UNDERTAKER: Rudolph Hubbard ADDRESS 904 Hanover

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37442

## CERTIFICATE OF DEATH.

90 ✓

E 37442

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 746 W. Lexington ST. 18th WARD)

2-FULL NAME Mary W. Taubert.

(a) RESIDENCE NO. 746 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. 7x mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gottlieb Taubert

6 DATE OF BIRTH (month, day, and year) Mar. 20. 1842

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 5 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Alzerodt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. W. Katenkamp

(Address) 746 W. Lexington St

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 14, 1928, that I last saw h[illegible] alive on Sept 14, 1928, and that death occurred, on the date stated above, at 2:50 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) old age.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Levin Hemmeter M. D.

(Address) 3012 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Dund Hill PK — DATE OF BURIAL 9/17 1928

20 UNDERTAKER Louis Heemann — ADDRESS 378 Biway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1928 C. [illegible] JONES, M. D.

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37443

## CERTIFICATE OF DEATH.

89 E 37443

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1208 St Mathews ST., 5-4 WARD)

2-FULL NAME Francis L Cassell

(a) RESIDENCE NO. 1208 St Mathews ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo B Cassell

6 DATE OF BIRTH (month, day, and year) Feb 2 1891

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 37 | 7 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo H Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Minnie Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Minnie Simmons Johnson

(Address) 1208 St mathews

15 Filed 15 1928, 19 C. EARLE JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1928 to Sept 13 1928 that I last saw h alive on Sept 13 1928 and that death occurred, on the date stated above, at 9.10 A m.

The CAUSE OF DEATH* was as follows:

Virginia Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Gastro intestinal

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo H Collins, M. D.

9/14 1928 (Address) 508 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Olivet Cemetery | Sept 16 1928 |

20 UNDERTAKER Mrs Chas H. Bailey ADDRESS 2421 Jefferson St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37444 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37444

# CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 N. Caroline ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Comish

(a) RESIDENCE No. 313 N. Caroline ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): December 1893

7 AGE — Years: 35 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Ernest Comish

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Comish

(Address): 313 N. Caroline St

15 Filed 1928, 19 C. HAMILTON JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-12- 1928

17

I HEREBY CERTIFY, That I attended deceased from 9-8-, 1928, to 9-12-, 1928, that I last saw him alive on 9-12-, 1928 and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. M. Cargill, M. D.

9-14- 1928 (Address) 611 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Sept 15 1928

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1745 Mahland

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

E 37445

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sum C. Parsons

(a) RESIDENCE NO. Salisbury, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 49 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Salisbury Md

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant University Hos

(Address)

15 Filed SEP 15 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-14 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1928 to Sept 15, 1928, that I last saw him alive on Sept 15, 1928, and that death occurred, on the date stated above, at 12-35A m.

The CAUSE OF DEATH* was as follows:

Generalized arterio-Sclerosis
c Gangrene - Acute myocardial Insuffiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Generalized Arterio Sclerosis c gangrene (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Joseph Laukaitis, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL |
|---|---|
| Salisbury Md | Sept 16th 1928 |
| 20 UNDERTAKER | ADDRESS |
| Geo L. Schwab | 201 Fred St |

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37446

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

× 66 E 37446

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat ST. 28th WARD 63

2-FULL NAME Patrick Lonergan

(a) RESIDENCE No. Mount Hope Retreat ST., 28th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Lonergan

6 DATE OF BIRTH (month, day, and year) Aug 17-1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 05 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Baking

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Clonmel Ireland -

PARENTS

10 NAME OF FATHER Laurence Lonergan

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Ireland

12 MAIDEN NAME OF MOTHER Mary Davis -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?) Ireland -

14 Informant Records of Mt Hope Retreat

(Address) Baltimore Md -

15 Filed SEP 16 1928 JOHN JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1928, to Sept 15, 1928, that I last saw him alive on Sept 14th, 1928, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholic Psychosis.

(duration) 0 yrs. 1 mos 21 ds.

CONTRIBUTORY (Secondary) Cerebral Oedema

(duration) 0 yrs. 0 mos 21 ds.

18 Where was disease contracted if not at place of death? York Pa

Did an operation precede death? No Date of 0

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J. Flannery, M. D.

Sept 15, 1928 (Address) Mt Hope Retreat -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa

DATE OF BURIAL Sept 16 1928

20 UNDERTAKER Cook

ADDRESS 508 E Fort Ave

INSTRUCTION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37447 ✓ 13 E 37447

E 37447
1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE. (No.) Provident Hospital (Street) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Warnlack

(a) RESIDENCE NO. 318 S. Spring St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Single. |

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 5 mos. | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Inems

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

11 Informant Providence Hospital

(Address) 413 N. Fulton Ave.

15 Filed SEP 16 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 13, 1928, that I last saw h alive on Sept 13, 1928, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Diarrhea & Marasmus

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Games, M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
Superintendent Health
SEP 16 1928

Important: See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37448
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

90 E 37448
REGISTERED NO.

CITY OF BALTIMORE: (No.) St Joseph's Hosp. (St.) 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nerbad a Probst

(a) RESIDENCE No. 334 Whitridge Ave WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lute Bernadine Probst

6 DATE OF BIRTH (month, day, and year) Sept. 4 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | | 9 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor. 040
(b) General nature of industry, business, or establishment in which employed (or employer) Stuff & Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Picard Probst.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.
12 MAIDEN NAME OF MOTHER Ann Krauss
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Clara Stumpf.
(Address) 1303 E Layfette ave

15 Filed SEP 16 1926 HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1926, to Sept 13, 1926, that I last saw him alive on Sept. 13, 1926, and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:
Hypertension + Cardiac Decompensation

(Duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) C. C. [illegible], M. D.
, 19 (Address) St Josephs

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Sept. 17 1926

20 UNDERTAKER Geo. J. Ruth. ADDRESS 1735 Hayford ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37449

## CERTIFICATE OF DEATH.

E 37449 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1904 Hope ST., 70-28 WARD)

2-FULL NAME Thomas J Johnson

(a) RESIDENCE NO. 1904 N Hope ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sarah Johnson

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 60 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter

(b) General nature of industry, business, or establishment in which employed (or employer) Carrier

(c) Name of employer U. S.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patrick Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anne Stafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John Johnson (Address) 1904 N. Hope St.

15 Filed SEP 15 1928 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-14-1928

17 I HEREBY CERTIFY, That I attended deceased from 9-11-28, 19, to 9-14-28, 19

that I last saw him alive on 9-13-, 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

arteriosclerosis.

hypertension

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Abner Bowden, M. D.

9,14 1928 (Address) 1517 E. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemty. DATE OF BURIAL Sept. 18 1928

20 UNDERTAKER Geo. J. Reed ADDRESS 1735 Harford ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37450

## CERTIFICATE OF DEATH

100-001

E 37450

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Donald Terry

(a) RESIDENCE NO. Phyllis W. Va. ST.. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Infant |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| 2 mos | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Mary Terry

13 BIRTHPLACE OF MOTHER (city or town) Phillis
(State or country) Va.

14 Informant

(Address)

15 Filed 1928 C. RAWSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1928, to Sept. 13, 1928, that I last saw him alive on Sept 13, 1928 and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) John W. Gaines, M. D.

19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

275

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37451

## CERTIFICATE OF DEATH.

45 E 37451

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 N. Mount ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Grant Waters.

(a) RESIDENCE No. 1431 N. Mount ST., 16 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | Divorced |

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Rosa Waters

6 DATE OF BIRTH (month, day, and year) 1/30/1890

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 38 | 8 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co., Md.

PARENTS

10 NAME OF FATHER William Waters.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co. Md.

12 MAIDEN NAME OF MOTHER Mary Trundell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co. Md.

14 Informant (Address) William Waters 1431 N. Mount St.

15 Filed 1928 . 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13/1928

17 I HEREBY CERTIFY, That I attended deceased from 8/6/1928 to 9/13/1928 that I last saw him alive on 9/11/1928 and that death occurred, on the date stated above, at 10.20 A.M. m.

The CAUSE OF DEATH* was as follows:

Myocarditis; Hypo-
Stasis; Acute Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer, Carcinoma

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & History

(Signed) Wm. T. Bishop M. D.

19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Chapel Stas. Co. | DATE OF BURIAL 9/16 1928

20 UNDERTAKER Samuel Hensley | ADDRESS 938 N. Bradford

TION is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

E 37452

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37452

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.) 6-4 (WARD)

2-FULL NAME Mrs Mary Lilly

(a) RESIDENCE NO. Aberdeen, Md ST., ..... WARD Aberdeen Maryland
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William F. Lilly

6 DATE OF BIRTH (month, day, and year) March 25 1845

7 AGE: Years 83 Months 5 Days 20 18 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10 NAME OF FATHER Christopher De Lucia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Penn.

12 MAIDEN NAME OF MOTHER Comerford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs John Dorsey (Address) 1923 E. Monument St. Baltimore

15 Filed SEP 16 1928, 19 .. C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 19 28

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Sept 15, 1928, that I last saw her alive on Sept 15, 1928, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Ventral Hernia Strangulated

(duration) 40 yrs. mos ds

CONTRIBUTORY (Secondary) Post Operative Shock

Cardiac Failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 14/28

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward F. Buchner, Jr. M. D.

Sept 16 1928 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery Baltimore Co. | DATE OF BURIAL: Sept 18 1928

20 UNDERTAKER: Henry Fanning Sons | ADDRESS: Aberdeen Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Blks.

E 37453

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

90 E 37453

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3315 Southern Ave. Lauraville 27-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME H. Leonard Ditman

(a) RESIDENCE NO. 3315 Southern Ave. Lauraville Ward
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Anna Ditman

6 DATE OF BIRTH (month, day, and year): Oct. 19. 1869

7 AGE — Years: 58 Months: 10 Days: 24 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Concractor & Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Building Construction

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER: Louis Ditman

11 BIRTHPLACE OF FATHER (City or town) Carroll Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER: Martha Rosenberger

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co.
(State or country) Maryland

14 Informant (Address): Paul Ditman 3315 Southern Ave.

15 Filed SEP 16 1928

19 C. EARLSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Sept. 13. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 19 28, to Sept 13, 1928,
that I last saw h[illegible] alive on Sept 12, 19 28
and that death occurred, on the date stated above, at 9.40 P m.
The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency on old Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?
Did an operation precede death? O Date of
Was there an autopsy? O
What test confirmed diagnosis?

(Signed) Chas Swink, M. D.
Sept 14 19 28 (Address) 4 202 Hopkins Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smallwood Cemetery Carroll Co. Md. Date of Burial: Sept 16 19 28

20 UNDERTAKER: Frederick Lassahn & Son ADDRESS: Fullerton

Item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

E 37454

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37454

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1317 N. Fulton Ave

REGISTERED NO. 49

CITY OF BALTIMORE (No. ... ST.: ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jos. A. Wootros

(a) RESIDENCE. No. 1317 N. Fulton Ave ~~or~~ ST. ... WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E.

6 DATE OF BIRTH (month, day, and year) May 11, 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 4 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Crain Medicine Co

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

PARENTS

10 NAME OF FATHER James Wootros

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md

11 Informant Mrs Felix W Troy
(Address) 1317 N. Fulton Ave

15 Filed SEP 18 1928 . 19 ... C. HARRISON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-15 1928

17 I HEREBY CERTIFY, That I attended deceased from July 6 . 1928, to Sept 15 . 1928, that I last saw him alive on Sept 14 . 1928, and that death occurred, on the date stated above, at 12.25 a. m.

The CAUSE OF DEATH* was as follows:

Secondary Acute Myelitis following removal of tumor of Spinal Cord. 7th Dorsal vertebrae

(duration) yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Sarcoma Spinal cord.

(duration) yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of Aug 4. 28

Was there an autopsy? Yes

What test confirmed diagnosis? Exam. of tumor

(Signed) Robert Hoskins, M. D.

, 19 (Address) 2530 Ponna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 9/17/1928

UNDERTAKER Jr. Weber & Son

ADDRESS 2503 Edmondson

E 37455

# STATE OF MARYLAND
# CERTIFICATE OF DEATH

1 PLACE OF DEATH E 37455

County Baltimore

Registration Dist. No.

Village or City Colgate (No 10th Ave - 28th St) 26-46 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elmore, L. Dunn.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6 DATE OF BIRTH: Sept (Month) 6 (Day), 1927 (Year)

7 AGE: 1 yrs. 9 mos. 8 da. If LESS than 1 day ... hrs. or .... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry business, or establishment in which employed or (employer): Off

9 BIRTHPLACE (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: William Dunn

11 BIRTHPLACE OF FATHER (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Mary Bentle

13 BIRTHPLACE OF MOTHER (State or country): Balto, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Dunn

(Address) Colgate, Md.

15 Filed 192 CAMPBELL JONES, M. D. Registrar

SEP 18 1928

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto. Requesting V. S No. 1

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept, (Month) 15 (Day), 1928 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from September 13 1928, to September 15, 1928, that I last saw h alive on September 14, 1928, and that death occurred on the date stated above, at 2 9 m.

The CAUSE OF DEATH * was as follows:

Bilateral Lobar pneumonia

(Duration) yrs. mos. 7 da.

Contributory Secondary

(Duration) yrs. mos. da.

(Signed) Allen C. Beetham M. D.

Sept 15 1928 (Address) 3139 E. Baltimore St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs ... mos. ... da. In the State, ... yrs. ... mos ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept. 16, 1928

20 UNDERTAKER: M. W. E. Dippelman & Son — ADDRESS

statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 37456

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37456

1-PLACE OF DEATH Balto City Hospitals REGISTERED NO.

CITY OF BALTIMORE: (No. 1631 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brandon Jr

(a) RESIDENCE No. Stevens Pl ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1914

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 14 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Wm Brandon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Jennie Wade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Records (Address)

15 Filed SEP 16 1928 C. BARTOW JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/11 1928, to 9/15 1928, that I last saw h alive on 9/15 1928 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

Generalized Peritonitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? Yes Date of 9/14/28

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms & Findings

(Signed) C. Bartow Jones, M. D.

, 19 (Address) Balto Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Sept 8 1928

20 UNDERTAKER: George W. Zirkle ADDRESS: 1737 E Eager St

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

Burns

# HEALTH DEPARTMENT CITY OF BALTIMORE

E 37457

## CERTIFICATE OF DEATH.

90 E 37457

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Burns

(a) RESIDENCE NO. Preston + Valley St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | W | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1847

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 81 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Troy

(State or country) N Y

PARENTS

10 NAME OF FATHER John Burns

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary Lyons

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Little Sisters of the Poor

(Address) Sister Superior

15 Filed 19 CARSON JONES, M. D.

SEP 16 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1928 Sept. 15th

17 I HEREBY CERTIFY, That I attended deceased from to record 19 to 19,

that I last saw h[illegible] alive on Sept 9, 1928,

and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. C. Warner, M. D.

Sept 15, 1928 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial Sept 19 1928

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Greenmount Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 37458

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

44 E 37458

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 W Lombard ST., 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa M Ruth

(a) RESIDENCE NO. 1717 W Lombard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John A Ruth

6 DATE OF BIRTH (month, day, and year): Nov 13 1871

7 AGE: Years 57 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10 NAME OF FATHER: Christian Schleupner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Hagen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John A Ruth (Address) 1717 W Lombard

15 Filed SEP 15 1928 19 CLAYTON JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Mar 24, 1928, to Sept 13, 1928, that I last saw h[illegible] alive on Sept 13, 1928, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

CONTRIBUTORY (Secondary) (duration) yrs. 5 mos. 20 ds.

Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James L Reinecke Jr. M. D.

19 (Address) 1729 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem BURIAL

UNDERTAKER: George A Farley ADDRESS: Fulton & Forsyth

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37459

## CERTIFICATE OF DEATH.

100-001 E 37459

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. [redacted] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry J. Duvall

(a) RESIDENCE No. 1444 Riverside Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | ~~Mar~~ Divorced |

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hattie E.

6 DATE OF BIRTH (month, day, and year) 1874

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 54 | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) BALTIMORE CITY HOSPITALS

15 Filed SEP 16 1928 [redacted] THOMAS JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-14 1928

17 I HEREBY CERTIFY, That I attended deceased from 9-11, 1928, to 9-14, 1928, that I last saw him alive on 9-14, 1928, and that death occurred, on the date stated above, at 11:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

Bronchio-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. M. Wyeth, M. D.

, 19 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Lawn

DATE OF BURIAL Sept 17 1928

20 UNDERTAKER J. M. Cook

ADDRESS [redacted] E. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37460

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37460

## CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Sea Hosp (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary League

(a) RESIDENCE NO. 1107 S. Paca ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur A League

6 DATE OF BIRTH (month, day, and year) Aug 4, 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23 | 1 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Gustav Wetzel

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Jeannette

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Arthur A League

(Address) 1135 S Paca St

15 Filed SEP 15 1928, 19 C. MATTHEW JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1928

17

I HEREBY CERTIFY, That I attended deceased from August 28, 1928, to Sept 15, 1928, that I last saw her alive on Sept 15, 1928, and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Aug 30 1928

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William W Chase M. D.

, 19 (Address) S Balto Sea Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 9/17 1928

20 UNDERTAKER Wm Cook

ADDRESS 516 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37461
1-PLACE OF DEATH

## CERTIFICATE OF DEATH.

45

E 37461
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3327 Belvedere ST. 1 WARD)

2-FULL NAME Peter Christian Sorentzen

(a) RESIDENCE No. 3327 Belvedere ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) March 23 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 67 | 6 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Emerson Hotel

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Soren Larsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Mary Larsen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denmark

14 Informant Chas. F. Hagner
(Address) 2125 Druid Hill Ave

15 Filed SEP 16 1928 19 C. FRANK JONES, M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Sept 15, 1928,
that I last saw him alive on Sept 14, 1928,
and that death occurred, on the date stated above, at 4-30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Chas. F. Hagner, M. D.

19 (Address) 2124 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Baltimore Md. | 15 1928 |
| 20 UNDERTAKER Hamm Corbin & Co | ADDRESS E. Balto |

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37462 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37462

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) McGlue Hospital (S. W. or N. W. WARD) 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Georgia White

(a) RESIDENCE NO. 460 Sheldon Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard White

6 DATE OF BIRTH (month, day, and year) 11-11-1861

7 AGE 66 Years 67 Months 10 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER [illegible] Grey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Vaper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospital records (Address)

15 Filed SEP 16 1928, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15/1928

17 I HEREBY CERTIFY, That I attended deceased from 9-9-28, 19 to 9-15-28, 19

that I last saw her alive on 9/15/28, 19

and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Acute or chronic)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va DATE OF BURIAL Sept 16, 1928

20 UNDERTAKER John F Denny ADDRESS 715 Lisbon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Leroy Harris Howard.

E 37463

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

31

REGISTERED No. E 37463

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B.) (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leroy {Howard / Harris

(a) RESIDENCE No. 516 N. Gilmor st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Harris

6 DATE OF BIRTH (month, day, and year) 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed SEP 16 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14, 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928 to Sept. 14, 1928, that I last saw him alive on Sept. 14, 1928 and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Henry C. Smith M. D.

9-15 1928 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Sept 17th 1928

20 UNDERTAKER A. Jones

ADDRESS 1141 Gilmor

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37464

## CERTIFICATE OF DEATH.

100-001

E 37464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital St. 14-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Rodgers

(a) RESIDENCE NO. 1846 Eagle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 56 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant City Hos (Address) Rodgers

15 Filed SEP 16 1928 16 DANIEL R. JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 1928

17 I HEREBY CERTIFY, That I attended deceased from 7/16, 1928, to 9/13, 1928

that I last saw h— alive on 9/13, 1928

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

Senile Changes ?

Left Pneumothorax

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gen Tuberculosis

(Signed) P Wm Welch M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Sept 17th 1928

20 UNDERTAKER A Jones ADDRESS W L Gelsmer

TION is very important See instructions on back of certificates.

Stock—2-29-28—1a. F. S.—500 Bks.

E 37465 21751

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37465 ✓ 49 E 37465

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert B Thornhill

(a) ~~RESIDENCE NO~~. Bent Creek, Va ~~ST.~~ WARD Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | widower |

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 3 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Appomattox Co., (State or country) Virginia.

PARENTS

10 NAME OF FATHER A J Thornhill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER L Lowry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed SEP 16 1928 19 E. LAWASON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1928, to Sept 16, 1928

that I last saw him alive on Sept 16, 1928

and that death occurred, on the date stated above, at 5 5 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Appomattox Co., Va.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab'y.

(Signed) E. E. Jones, M. D.

9/16, 1928 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Appomattox, Va | Sept 17 1928 |
| 20 UNDERTAKER Wm J Jackson Son | ADDRESS Lynchburg Va |

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37466

## CERTIFICATE OF DEATH.

117 E 37466

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Gen Hosp ST., WARD

2-FULL NAME Frank Braxton

(a) RESIDENCE NO. 115 Hughes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Black | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1890

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Alice Tazewell (Address) 106 W Hoffman St

15 Filed SEP 17 1928 JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1928, to Sept. 13, 1928, that I last saw h[illegible] alive on Sept. 13, 1928, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Ruptured Appendix

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Sept 6/1928

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) William W. Chase M. D.

, 19 (Address) 120 Balt Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Sept 17 1928

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37467

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129 ✓ E 37467

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 17-20 WARD)

2—FULL NAME Carrie Powell

(a) RESIDENCE NO. 109 W. York ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widow |

6 If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Geo H Powell

6 DATE OF BIRTH (month, day, and year) unknown 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co
(State or country) md

PARENTS

10 NAME OF FATHER Richard Young

11 BIRTHPLACE OF FATHER (city or town)
(State or country) md

12 MAIDEN NAME OF MOTHER Josephine —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) md

14 Informant Esthel Boone

(Address) 109 W York St

15 Filed SEP 17 1928 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1928, to Sept 13, 1928, that I last saw h alive on Sept 12, 1928 and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis + pneumonia + Hypostatic congestion.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) John W. Davis, M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Sept 17 1928

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 37468 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 37468

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Carlton ST. 18-76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Jackson

(a) RESIDENCE NO. 516 Carlton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jackson

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping

(c) Name of employer B J Self.

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

PARENTS

10 NAME OF FATHER D.K.

11 BIRTHPLACE OF FATHER (city or town) (State or country) D.K.

12 MAIDEN NAME OF MOTHER Louise Scott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.K.

14 Informant John Jackson (Address) 516 Carlton ave

15 Filed . . . . , 19 . . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/14th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1928, to Sept. 14th, 1928, that I last saw h.r alive on Sept 14th, 1928, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (acute)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute Gastro Enteritis

(duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Exam

(Signed) H. T. Gunn M. D.

, 19 (Address) 522 Warrington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 9/17 1928

20 UNDERTAKER Dennis Easton — ADDRESS 946 Pa ave

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37469

## CERTIFICATE OF DEATH.

129 E 37469

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 305 W. Preston St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Branch

(a) RESIDENCE NO. 305 W. Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stanley Branch

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 40 | Months ? | Days ? | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER: George Chaplet

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia

14 Informant: Stanley Branch

(Address): 305 Preston St

15 Filed SEP 17 1928, 19 — G. HAMILTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Sept 15, 1928, that I last saw h.... alive on Sept 15, 1928, and that death occurred, on the date stated above, at 12.40 P.M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) yrs. Two mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Examination

(Signed) Wm H. Watts, M. D.

, 19 (Address) 928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

Date of Burial: 9-17 1928

20 UNDERTAKER: Daniel Easton & Co

ADDRESS: 916

Don should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Emma E. Andrews.

E 37470

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

E 37470

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen Hosp (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma E. Andrews

(a) RESIDENCE NO. 1603 Mc Culloh St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Robert Andrews

6 DATE OF BIRTH (month, day, and year): Nov. 12 - 1844

7 AGE: 83 Years | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 87

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Henry Hauken

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Dobel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Amerundel Co

14 Informant: Robert Andrews (Address): 1603 Mc Culloh St.

15 Filed SEP 17 1928, 19 C. BAILEY JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 15 1928

17

I HEREBY CERTIFY, That I attended deceased from August 16, 1928, to Sept 15, 1928, that I last saw h[illegible] alive on Sept 15, 1928 and that death occurred, on the date stated above, at 1 25 A. m.

The CAUSE OF DEATH* was as follows:

Intertrochanteric fracture of Right Femur, due to a fall.

(duration) yrs One mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

Was disease contracted while at place of death?

Did operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X-Ray

(Signed) Benj. Sharum, M. D.

19 (Address) West Balto. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: London Park | DATE OF BURIAL: Sept 17 1928

20 UNDERTAKER: John C. Mitchell & Sons | ADDRESS: 1900 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37471

## CERTIFICATE OF DEATH.

90 E 37471

REGISTERED NO.

97-43

1-PLACE OF DEATH

City of BALTIMORE: (No. 3300 White Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin D. Stevenson

(a) RESIDENCE NO. 3300 White Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Demmie Stevenson

6 DATE OF BIRTH (month, day, and year) July 21/1857

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 71 | 1 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailmaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

9/17/28

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Mrs Demmie Stevenson

(Address) 3300 White Ave

15 Filed ..... 19 ..... Registrar

SEP 17 1928 C. WILSON JONES, M. D.

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 13/28

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) 2 yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 9/17 1928

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37472

## CERTIFICATE OF DEATH.

E 37472
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence E. Ford

(a) RESIDENCE NO. Glenburnie, Md St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 Hour (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 30 - 1917

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 11 | | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Idaho, Md

PARENTS

10 NAME OF FATHER William Ford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Florence Kirby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Florence Ford

(Address) Glenburnie, Md

15 Filed 1928 [illegible] SIMPSON JONES, M. D.
Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull -
Struck by automobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

9/16, 1928 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Glenburnie, Md

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A. Co Md — Date of Burial 9/18 1928

20 UNDERTAKER William Cook — ADDRESS 502 E Fayette

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Dr Shannon ✓ 700 Fulton Ave

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37473

## CERTIFICATE OF DEATH

129

E 37473

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1600 N. Monroe ST. 15-21 (WARD)

2—FULL NAME William L. Thompson

(a) RESIDENCE NO. 1600 N. Monroe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie L Thompson

6 DATE OF BIRTH (month, day, and year) Oct 6. 1852

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 11 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER Wm Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire.

12 MAIDEN NAME OF MOTHER Adelia Lockwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Bessie L Thompson

(Address) 1600 N Monroe St

15 Filed SEP 17 1928, 19 HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16. 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 16, 1928 that I last saw h im alive on Sept. 15, 1928 and that death occurred, on the date stated above, at 1:45 P m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(duration) 3 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ✓ yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Methods

(Signed) Geo L Shannon, M. D.

9/16, 1928 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Sept 18 1928

20 UNDERTAKER W. E. Cook

ADDRESS 502 E Hoch Ave

Important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37474 | 61-002 | E 37474

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Walbrook Ave ST., 15-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edwin W. Rauher

(a) RESIDENCE NO. 2907 Walbrook Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/14/28.

7 AGE — Years | Months | Days 2 | If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edwin E. Rauher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Marie Sauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Pearl Gathings
(Address) 2907 Walbrook Ave

15 Filed ..., 19.. C. BARTON JONES, M. D. Registrar
SEP 17 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16/28.

17 I HEREBY CERTIFY, That I attended deceased from 9-13, 1928, to 9-15, 1928, that I last saw him alive on 9-16, 1928 and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Injury to head in birth

(duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs...mos...ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Henry C Russell, M. D.

9-16, 1928 (Address) 3902 Groveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Bur

DATE OF BURIAL: Sept 17 1928

20 UNDERTAKER: W M Routson

ADDRESS: 2387 W Fayette

IMPORTANT: Use pen and ink, and write plainly. Be sure to sign properly. All items important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37475

## CERTIFICATE OF DEATH.

E 37475

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 Lafayette ST. W WARD)

2-FULL NAME Jno. W. Smith

(a) RESIDENCE NO. 645 Lafayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Col | — |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16 1922

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 6 | 2 | 26 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Jno. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lilian Custis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Wolfe (Address) 64[illegible] Lafayette Ave

15 Filed SEP 17 1928 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1928, to Sept 14, 1928, that I last saw him alive on Sept 14, 1928 and that death occurred, on the date stated above, at 8.25 P.m.

The CAUSE OF DEATH* was as follows:

Bron. Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nursing Cough

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Evid.

(Signed) Wm. A. Wright, M. D.

(Address) 1006 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL Sept. 17 1928

20 UNDERTAKER Wm J. & J. Sacks

ADDRESS 1302 Jefferson

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

217337

E 37476

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 100-001

E 37476

REGISTERED NO.

1—PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ..... ST., 7-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Pengry

(a) RESIDENCE NO. Immaterial ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/5/27

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 11 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Howard Pengry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jessie Neap

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 17 1928 19 HAMDEN JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1928, to Sept 7, 1928, that I last saw h.. alive on Sept 4, 1928, and that death occurred, on the date stated above, at 12 a m.

The CAUSE OF DEATH* was as follows:

malformation of stomach

congenital (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) pneumonia

(duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray

(Signed) E. C. Goodpasture, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel, Balto. Co. Md

DATE OF BURIAL: Sept 18 1928

20 UNDERTAKER: Wm C Brooks & Son

ADDRESS: Govans

Important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 37477

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

+ 49 E 37477

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4 20 WARD)

2-FULL NAME Colin J. MacCauley

(a) RESIDENCE NO. 17 E. Beacon Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male. | White | Single. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Engineer & Fore

(b) General nature of industry, business, or establishment in which employed (or employer) .086

(c) Name of employer Beacon Oil Co,

9 BIRTHPLACE (city or town) (State or country) Scotland.

PARENTS

10 NAME OF FATHER dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) dont know

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) dont know

14 Informant Hospital Records (Address)

15 Filed ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 19 28.

17

I HEREBY CERTIFY, That I attended deceased from Aug. 31, 19 28, to Sept. 13, 19 28.

that I last saw h[illegible] alive on 9-13-28, 19 28,

and that death occurred, on the date stated above, at 2:55 P. m.

The CAUSE OF DEATH* was as follows:—

Carcinoma Head of Pancreas,

Cholangeitis - Intestinal,

Acute Nephritis,

14 (duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

4 (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-10-'28.

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Earl F. Lanbach, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Sept 17 19 28

20 UNDERTAKER George W. Zinkan — ADDRESS 1737 E. Eager st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37478

## CERTIFICATE OF DEATH.

E 37478

185

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 13-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eli Rosen

(a) RESIDENCE NO. 736 W. North St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rosen

6 DATE OF BIRTH (month, day, and year) 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 60 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Louis Rosen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia.

14 Informant Mary Rosen

(Address) 736 W. North Ave.

15 Filed 19 HAMILTON JONES M. D. Registrar

SEP 17 1928

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15, 1928. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Gilbert M. D.
(Coroner)

9/17/28 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 748 W. North Ave.,

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Date of Burial 9/17 1928

20 UNDERTAKER Sol Levinson & Bro ADDRESS 11 E. Baltimore St

If the following is not carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37479

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

2168 01

1-002 E 37479

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1420 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Filbert Sanders

(a) RESIDENCE NO. St. Vincents Home ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Baby

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): ~~December~~ 1927

7 AGE: Years: 10 months; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER James H.

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER Caroline Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address)

15 Filed SEP 17 1928 JAMES H. JONES, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13/28

17 I HEREBY CERTIFY, That I attended deceased from August 11, 1928, to September 13 1928, that I last saw h im alive on September 13, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

entero - colitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) E. C. Sp[illegible], M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 9-[illegible]-28.

20 UNDERTAKER: M. Fahey Sons

ADDRESS: 652 W Fort Ave.

OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificates.

Hpsc.—2-20-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37480

## CERTIFICATE OF DEATH

114 E 37480

1—PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Norman R Lewis

(a) RESIDENCE NO. 827 W. 38th St. ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 10 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced (HUSBAND of / (or) WIFE of) Mary F. Lewis / Mrs. Norman R. Lewis

6 DATE OF BIRTH (month, day, and year) Oct. 26-1902

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 25 | 10 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Richard R. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace Lietz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Hospital Record

(Address)

15 Filed SEP 17 1928, 19... [illegible] JONES M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14, 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Sept 14, 1928, that I last saw h[illegible] alive on Sept 14, 1928 and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis. colitis (non-specific)

Hospital stay (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Malnutrition

Hospital stay (duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Geraghty, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Parkwood | Sept. 18 1928 |
| 20 UNDERTAKER Horace F. Burgee | ADDRESS 3631 Falls Rd |

OF DEATH in plain terms, so that it may be properly classified. Last statement of occupation is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37481

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92 E 37481

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3115 Keswick Road ST. 13 WARD)

REGISTERED NO. 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Luther Lee Edwards

(a) RESIDENCE NO. 3115 Keswick Road ST., 13 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 14-1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 52 | 7 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Alexander Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Tom L. Chesnowith

(Address) 3115 Keswick Road

15 Filed SEP 17 1928, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16-1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 8, 1928, to Sept 16, 1928 that I last saw him alive on Sept. 15, 1928 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination Symptoms

(Signed) W. T. Smith, M. D.

1928 (Address) 8429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waverton, Va. DATE OF BURIAL Sept. 17 1928

20 UNDERTAKER Horace H. Burgee ADDRESS 331 Falls Rd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E37482

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E37482

## CERTIFICATE OF DEATH.

REGISTERED NO. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1802 Chesapeake av St. Fairfield Ward 25)

2-FULL NAME James Edward Johnson

(a) RESIDENCE NO. 1802 Chesapeake av St. (Fairfield) Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | C | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-22-1927

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 1 | 7 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Jack Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Mattie White

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Mrs. Alma Clark

(Address) 1712 Chesapeake av

15 Filed ..... 19 .....

Registrar

SEP 17 1928

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-15- 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 10 1928, to Sept 15, 1928, that I last saw h— alive on Sept 15, 1928, and that death occurred, on the date stated above, at 2:40 P m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Marcellus E. Jones, M. D.

, 19 (Address) 1411 N. Carey.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Carmel Cem. Sept 17 1928

20 UNDERTAKER — ADDRESS

Robert Williams 1515 McCulloh St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37483

## CERTIFICATE OF DEATH

31 E 37483

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1516 John St., 14-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Minner

(a) RESIDENCE NO. 1516 John St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George H. Minner

6 DATE OF BIRTH (month, day, and year): Dont know

7 AGE: Years 60 Months Days IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John McCarthy

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. John Perkinson (daughter)

(Address) 1516 John St.

15 Filed SEP 17 1928

16 [illegible] JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 15th 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Sept 15, 1928, that I last saw her alive on Sept 15 1928 and that death occurred, on the date stated above, at 10-45 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted: unknown

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Edward K. Ballard M. D.

9-15 1928 (Address) 1622 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: Sept. 18 1928

20 UNDERTAKER: Margaret L. Flynn — ADDRESS: 1421 Light

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 MAT 1500 Blks.

37484

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

160 E 37484

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto. Gen. Hosp. WARD 23-33

2-FULL NAME Ruby Mae Mundie

(a) RESIDENCE NO. 815 S. Chas St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 46 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): July 9, 1928

7 AGE: Years — Months — Days: 1 / 16

If LESS than 1 day, .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Walter L. Mundie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ruth Hagedorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Hospital Records

(Address)

15 Filed SEP 17 1928 ... 19.... Registrar

C. KEMP [illegible], M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/15 1928

17 I HEREBY CERTIFY, That I attended deceased from 8/30, 1928, to 9/15, 1928

that I last saw her alive on 9/15, 1928

and that death occurred, on the date stated above, at 6 20 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Fever

(duration) .... yrs. .... mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. Blondheim M. D.

(Address) So. Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Sept. 17 1928

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light

NAME should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 2-29-28—L. F. S.—500 Blks.

E 37485

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

112 E 37485

1—PLACE OF DEATH

REGISTERED NO. 95-11

CITY OF BALTIMORE: (No. 4110 Curtis Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret R. Stevens.

(a) RESIDENCE NO. 4110 Curtis Ave. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female. | White. | Infant. |

a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) Feb. 5, 1928.

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 7, | 11. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn Pk. Md.

PARENTS

10 NAME OF FATHER Charles Stevens.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Moody.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Charles Stevens, (Father)

(Address) 4110 Curtis Ave.

15 Filed SEP 17 1928 H. HAMPTON JONES, M. D., Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16/28

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 16, 1928, that I last saw h alive on Sept 16, 1928 and that death occurred, on the date stated above, at 8 P, m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis
Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. R. Lamdin, M. D.

Sept 17 1928 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Cedar Hill Cem | Sept 17, 1928 |
| 20 UNDERTAKER | ADDRESS |
| Edward Evans | 38 E Fort Ave |

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21—M&T—1500 Blks.

Rome.

# E 37486 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37486

## CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 541 Broughton ST. 18-26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Rome

(a) RESIDENCE NO. 541 Broughton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Rome

6 DATE OF BIRTH (month, day, and year) Unk

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) Private family

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant George Rome

(Address) 541 Broughton St

15 Filed SEP 17 1928 19 C. KEMPTON JONES, M. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14th 1928

17

I HEREBY CERTIFY, That I attended deceased from Sept 10th, 19 28 to Sept 13th, 19 28, that I last saw her alive on Sept 10th, 19 28, and that death occurred, on the date stated above, at 5 15 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

15 years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 2 yrs. 6 mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) Otto Schwab, M. D.

, 19 (Address) 60 W Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 17, 1928

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

Jones.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37487

1928 E 37487.

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2126 Oak. St. Va 51 Ward)

2-FULL NAME Emma Jones

(a) RESIDENCE NO. 2126 Oak. St. 12 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| female | colored | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10, 1898

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 30 | 1 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER William Nash

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Hattie Samples

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant William Nash

(Address) 816 Fremont ave.

15 Filed SEP 17 1928 C. HAMILTON JONES, M. D.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9/13 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Tuberculosis Pulmonalis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Morrison M. D.

(Coroner)

9/17, 1928 (Address) 2522 Rolandave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Aug 17, 1928

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 327 Schroeder St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37488

## CERTIFICATE OF DEATH.

E 37488

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1001 E. Fayette St. St. 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Winternitz

(a) RESIDENCE NO. 1001 E. Fayette St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mor. Winternitz

6 DATE OF BIRTH (month, day, and year) Jan 22, 1880

| 7 AGE | Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 48 | 7 | 23 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Painter
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Sam Winternitz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Adelaide Winternitz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs Mora Winternitz
(Address) 1001 E. Fayette St

15 Filed ....., 19 ..... Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Appoplexy

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) Chas O'Brooke M. D.
(Coroner)
, 1926 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Date of Burial 9/17 1926

20 UNDERTAKER George J. Smith ADDRESS Fallsway

Spec.—2-29-28—L. F. S.—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37489

## CERTIFICATE OF DEATH

40 E 37489

1—PLACE OF DEATH

CITY OF BALTIMORE (No. Provident Hosp ST. 14 WARD)

REGISTERED NO. 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Johnson

(a) RESIDENCE NO. 1413 Pennsylvania ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Maggie Johnson

6 DATE OF BIRTH (month, day, and year): May 15, 1875

7 AGE — Years: 50 | Months: 1 | Days: 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. C

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Maggie Johnson

(Address) 1413 Pennsylvania ave

15 Filed SEP 17 1928, 19 — Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from 9/13, 19 28, to 9/15, 19 28

that I last saw h alive on 9/15, 19 28

and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:

Uremia,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Glomerulitis of Uremia.

(duration) yrs. 0 mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. Hamm M. D.

19 (Address) 385 Cambria

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: 9-18 19 28

20 UNDERTAKER: Joseph A Lisk — ADDRESS: 409 Mount st

Spec.—1-10-21—M&T—1500 Blks.

# E 37490 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37490

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 4000 Fairlawn St. 25-11 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gordon Myer

(a) RESIDENCE NO. 4000 Fairlawn Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): June 1, 1923

7 AGE — Years: 5 — Months: 3 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: —

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Otto C. Myer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore County Md

12 MAIDEN NAME OF MOTHER: Augusta Lux

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Brooklyn NY

14 Informant: Otto Myer

(Address): Curtis Bay Md

15 Filed SEP 17 1928

16 Registrar C. RAMPOLA JONES, M. D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16 1928

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 16, 1928

that I last saw him alive on Sept 15, 1928

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Toxaemia & Endocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon D. Black M. D.

(Address) Curtis Bay Md

Sept 16, 1928

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Sept 17 1928

20 UNDERTAKER: E. G. France & Son

ADDRESS: 703 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26-A Co.-200 Blks.

E 37491

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

152

REGISTERED NO. E 37491

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. 1622 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Blanche Bond

(a) RESIDENCE NO. 1024 N. Fulton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 8. 1911

| 7 AGE | Years | Months | Days | IF LESS than 1 day.....hrs. or.....min.. |
|---|---|---|---|---|
| | 16 | 11 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory worker

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Austin H. Bond

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Nettie Beatty

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Harford Co. Md.

14 Informant Hospital Record

(Address)

15 Filed SEP 17 1928 City Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15, 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928, to Sept 15, 1928,

that I last saw her alive on Sept 15, 1928,

and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

Carbuncle of Upper Lip

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of 9-14-28

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. A. Harper, M. D.

9/15/28 (Address) 1 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial Sept 18 1928

20 UNDERTAKER Thos. Wilson ADDRESS 3615 Chestnut ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

Commons

E 37492

E ~~37492~~

# HEALTH DEPARTMENT—CITY OF BALTIMORE

176

E ~~37492~~

E 37492

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 623 N. Chapel St. WARD) 7-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Commons

(a) RESIDENCE NO. 623 N. Chapel WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F. | C | Married. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Commons

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hardman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Albert Commons

(Address) 623 N. Chapel St

15 Filed SEP 17 1928 19 HAMPTON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 - 1928

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1928, to Sept. 14, 1928

that I last saw h er alive on Sept 14, 1928

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Test

(Signed) J. H. Walters, M. D.

, 19 (Address) 1511 W. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Calvary | Sept 17, 1928 |

20 UNDERTAKER Mrs R. G. Elliott ADDRESS 1725 Washington

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 37493

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37493

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 W North Ave ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Brown

(a) RESIDENCE NO. 1614 W Northern ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 54 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress in factory 69

(b) General nature of industry, business, or establishment in which employed (or employer) Neckties

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Cecelia Banning

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Cecelia Brown

(Address) 1614 W North Ave

15 Filed SEP 17 1928, 19 C. HARRISON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1928

17

I HEREBY CERTIFY, That I attended deceased from Feb 2, 1925, to ~~Sept~~ Feb 2, 1928, that I last saw h.. alive on Sept. 15, 1928 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

1928 (Address) 612 N 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Sept 18 1928

20 UNDERTAKER Josiah Leger — ADDRESS 1600 W North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E 37494 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37494

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital (STREET OR AVENUE) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor Anderson

(a) RESIDENCE No 811 Madison Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Widowed |

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND (or) ~~WIFE~~ of Late Mrs Victor Anderson

6 DATE OF BIRTH (month, day, and year) 1851

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Record John Hopkins Hospital
(Address)

15 Filed SEP 17 1928 C. BARTON JONES, M. D. Registrar
By RRR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1928

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure-?Coronary Infarct
Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature], M. D.
(Coroner)

Sept 17 1928 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ..... mos., ..... ds. In the State ..... yrs., ..... mos., ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL Sept 18 1928

20 UNDERTAKER Jenkins & Son Co ADDRESS Edgewood [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Rks.

E 37495 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37495

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 6-9 1-60 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Uhlfelder

(a) RESIDENCE NO. 804 N. Washington ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Uhlfelder

6 DATE OF BIRTH (month, day, and year): July 24 1869

7 AGE: Years 58 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Store Prop.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Sam'l Uhlfelder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Maryann Beckenkamer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Rosa Uhlfelder (Address) 2604 N. Washington Ave.

15 Filed 9/17 1928 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-16 1928

17 I HEREBY CERTIFY, That I attended deceased from September 9 1928 to September 16 1928 that I last saw h[illegible] alive on September 16 1928 and that death occurred, on the date stated above, at 3:55 P m.

The CAUSE OF DEATH* was as follows:

. Typhoid Fever

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) Frederick S. Wolf, M. D.

9-16-1928 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem.

DATE OF BURIAL: 9/18/28

20 UNDERTAKER: Baird Sondheim

ADDRESS 1518-20 W. Mt Royal Ave

SEP 17 1928

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37496

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37496

## CERTIFICATE OF DEATH.

100-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-13 WARD)

2-FULL NAME Albert Samuels.

(a) RESIDENCE NO. Sinai Hospital Home ST., ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 14, 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 11 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER Henry Samuels

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Henrietta Van Kirkenbey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records.
(Address)

15 1928 C. RANDOLPH JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16 1928

17

I HEREBY CERTIFY, That I attended deceased from 8/30, 1928, to 9/16, 1928,

that I last saw h[illegible] alive on 9/16, 1928,

and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia
Paralysis agitans.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical Examination

(Signed) A. A. Silver, M. D.

19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Chev Shalom Cem. | 9/18/1928 |

20 UNDERTAKER Hurd Sondheim ADDRESS Hilton & Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS DATA REQUIRED FOR STATISTICAL PURPOSES. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17 1928

Spec.—1-12-23—M&T—500 Blks.

E 37497

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

90 E 37497

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Washburn Ave. St. 23 WARD)

2-FULL NAME Mary O. Clark

(a) RESIDENCE No. 1406 Jackson St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Clark

6 DATE OF BIRTH (month, day, and year) Mar. 15 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 6 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Rhode Island

PARENTS

10 NAME OF FATHER Charles H. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. H.

12 MAIDEN NAME OF MOTHER Clive N. Lunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass.

14 Informant Mr. Clark

(Address) 400 E. Fort Ave

15 Filed SEP 17 1928, 19 C. HAMPSON JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-16 1928

17 I HEREBY CERTIFY, That I attended deceased from Augt 28, 19 to 9/16, 19 28

that I last saw h alive on 9/15, 19 28

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Enteritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Wheeler, M. D.

9/16, 1928 (Address) 1279 Fulham Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept 19 1928

20 UNDERTAKER: I. Fenwick McCully — ADDRESS: 130 E Fort Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 37498

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37498

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Walters

(a) RESIDENCE NO. Elkton Md. ST., WARD Elkton, Maryland

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Walters.

6 DATE OF BIRTH (month, day, and year) Oct 17-1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or min. |
|---|---|---|---|---|
| | 62 | 10 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reisterstown Md.

PARENTS

10 NAME OF FATHER Andrew S. Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Agnes Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Edith Rice

(Address) 207 Maple Ave Takoma Park. Wash Co.

15 SEP 17 1928 C. BAILEY JONES, M. D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/17/1928

17 I HEREBY CERTIFY, That I attended deceased from 9/6, 1928, to 9/17, 1928, that I last saw him alive on 9/17, 1928, and that death occurred, on the date stated above, at 11 05 A m.

The CAUSE OF DEATH was as follows:

Tabes Dorsalis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) Edward F. Buchner, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elkton Md. DATE OF BURIAL Sept 18 1928

20 UNDERTAKER Harper & Goodwin ADDRESS 1 & 3 W Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

E 37499

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 37499

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 605 S Wolfe St. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Grzechawiak

(a) RESIDENCE NO. 605 S Wolfe St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? 44 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4 1875

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 53 | 7 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Vincent Grzechawiak

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Antonnette Grzechawiak

(Address) 605 S Wolfe St.

15 Filed [illegible] 1928 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept. 16 1928

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Sept. 16, 1928, that I last saw him alive on Sept. 16, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, (Chronic?)

history (duration) 7 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Libby, M. D.

, 19 (Address) 432 S. Patterson Pk. Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Holy Rosary Cem | Sept 19 1928 |
| 20 UNDERTAKER | ADDRESS |
| John McWeeney | 411 S. Chester St. |

Spec.—1-12-23—MAT—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37500

E 37500

## CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS [redacted]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Mayauch Michalaski

(a) RESIDENCE NO. 1807 So Robinson ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 60 yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Wid |

5a If married, widowed, or divorced HUSBAND of or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) 1838

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 90 | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) BALTIMORE CITY HOSPITALS [redacted]

15 Filed SEP 17 1928, 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-14 19 28

17 I HEREBY CERTIFY, That I attended deceased from 9-8, 19 28, to 9-14, 19 28, that I last saw him alive on 9-14, 19 28, and that death occurred, on the date stated above, at 6⁰⁰ A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) [redacted], M. D.

, 19 ..... BALTIMORE CITY HOSPITALS

[redacted]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Memory Gardens Dept

DATE OF BURIAL Sept 19 1928

20 UNDERTAKER John McAllen

ADDRESS 401 E Chase St

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

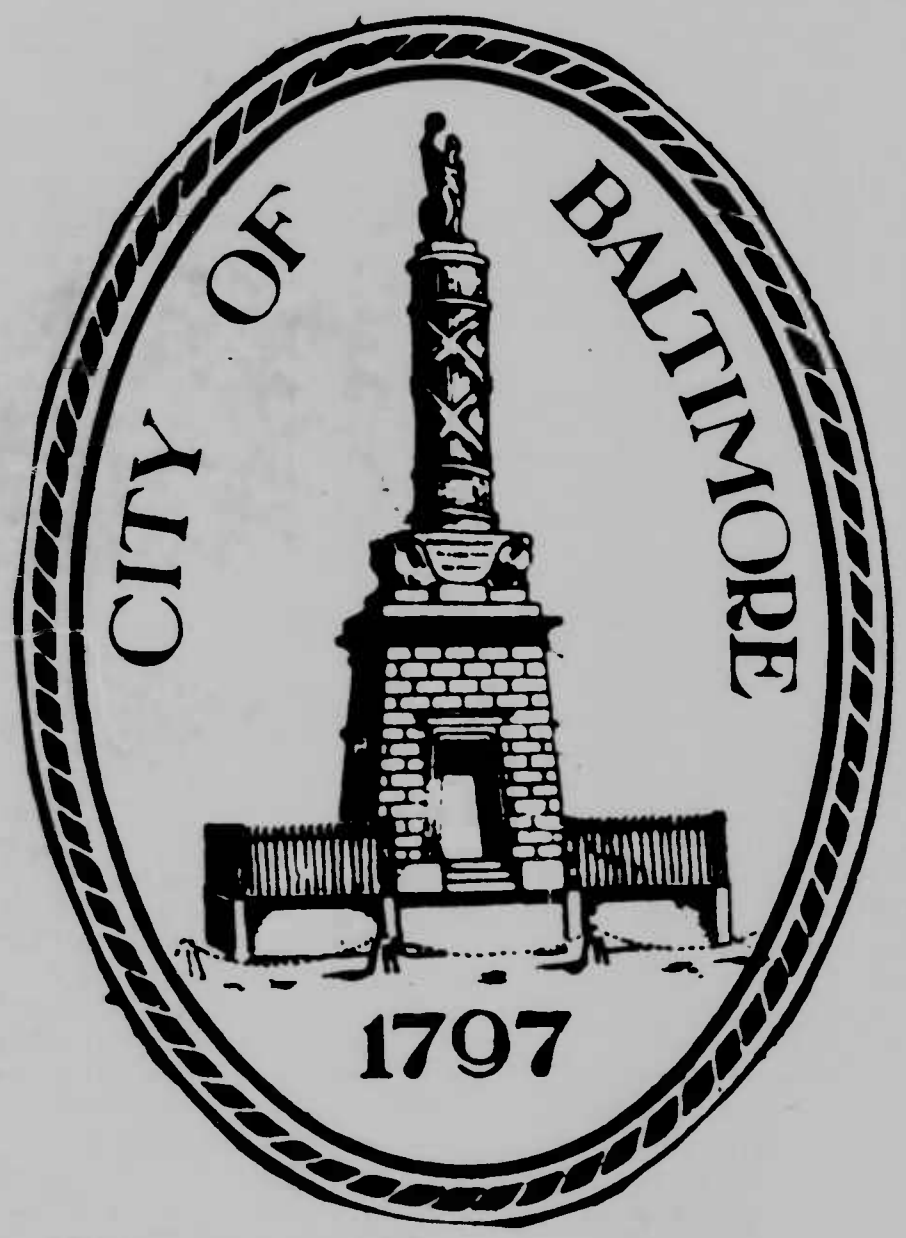
RECORDS MANAGEMENT DIVISION

# CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 23rd DAY OF Apr.
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #E 34001 MAY 17, 1928 AND
ENDING WITH #E 37500 Sept. 17, 1928 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul




# END OF REEL